BEHAVIORAL HEALTH FORENSIC EVALUATION CENTER
at the Family Court of the City of Philadelphia
1501 Arch Street, 8th Floor ♦ Philadelphia, PA 19102 ♦ tel: (215) 686-8812 ♦ fax: (215) 686-8835

NOTIFICATION OF PURPOSE FOR PSYCHOLOGICAL EVALUATION (Adult)

As a result of a court order/court involvement I understand I am participating in a psychological evaluation. The evaluation will be completed by _____ . Dr._____ is an Independent Contractor with the Behavioral Health Forensic Evaluation Center (BHFEC), a program serving Philadelphia Family Court. I understand that this is a court ordered/ court involved evaluation. The purpose of the evaluation is to provide the court with information about my behavioral health needs and to make recommendations for services as needed.

The psychological evaluation may consist of the following: an interview with me, psychological assessment measures, and a review of various materials and records. Records are provided to the BHFEC by parties such as the Court, school district, and Community Behavioral Health (CBH). The doctor may also speak with others related to my court involvement such as the attorney(s), my Department of Human Services (DHS) and/or Community Umbrella Agency (CUA) social worker, other social service professionals, and/or CBH. Assessment measures may provide information about my emotional and behavioral functioning. The doctor may also assess my intellectual, academic, and daily living skills. I understand the following about this evaluation:

- Because this is a court ordered/court involved evaluation, the evaluator will need to share information about me in a report. It will not be kept confidential as may be the case if I were seeing a therapist or mental health professional outside of court.
- The evaluator will be conducting an evaluation only and is not a treating doctor who will be providing ongoing therapy or mental health services after the evaluation.
- The report prepared as a result of this evaluation will be forwarded to the Court and related parties which will may include probation, DHS/CUA, Community Behavioral Health (CBH), PMHCC, and attorneys involved with this case.
- I understand that the doctor may be called to testify in court regarding his/her findings.
- I understand the doctor is required to report information if he/she believes I am dangerous to myself or others. She/he is mandated to report suspected child abuse if anyone tells them that he or she knows of any child who is currently being abused, even if that child is not seen by the doctor directly. She/he is mandated to report suspected child abuse if anyone age 14 or older tells them that he or she committed child abuse, even if the victim is no longer in danger.

_____	_____	_____
Print Name of Client	Signature (if over 14 years)	Date
_____	_____	_____
Name of Parent/Guardian	Signature	Date

_____
Address and Telephone

_____ _____
Witness Date

The Behavioral Health Forensic Evaluation Center is supported by Community Behavioral Health
a major program of the Philadelphia Department of Behavioral Health and Intellectual disAbility Services,
the Philadelphia Department of Human Services, and PMHCC, Inc., on behalf of the Family Court of the City of Philadelphia.