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 PSYCHOSEXUAL EVALUATION

As a result of a court order I understand I am participating in a psychosexual 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 evaluation is court ordered. The purpose of the evaluation is to provide the court with information about my behavioral health needs, particularly as related to my psychosexual functioning, and to make recommendations for services as needed.

The psychosexual evaluation may consist of the following: an interview with me, my parent(s), guardian(s), and/or caretaker(s), psychological assessment measures, and a review of various materials and records. Records are provided to the BHFEC by parties such as the Court and related parties, school district, and Community Behavioral Health (CBH). The doctor may also speak with others related to my court involvement such as my probation officer (PO), the attorney(s) involved, 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 psychosexual, 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 evaluation, the doctor 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 to me after the evaluation.
- The report written as a result of this evaluation will be given to the Court and related parties which will include probation, DHS/CUA, 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 or has reason to suspect I have been abused or neglected. 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 also 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.