

Paul M. Hamilton, Ph.D.

Psychologist

101 N. Magnolia  
Rockport, TX 78382  
(361) 727-0143

**OFFICE POLICY FOR LAW ENFORCEMENT/CORRECTIONS**

**Introduction**

You have been referred to our office for a psychological evaluation to determine your emotional fitness to work as a police officer, a sheriff or a corrections officer. In this case, my client is the agency that is paying for the evaluation. The results of the evaluation belong to the agency that is paying my fee, and I will not be able to release the results to you without a written consent from the agency.

**Limitations on Confidentiality**

As an employee candidate, you are voluntarily participating in this evaluation, and are giving up the right to privacy with regard to any information you share during the evaluation. The information you provide will be used to make a judgment regarding your emotional health and suitability for work in the law enforcement or corrections. Therefore, any information you provide during this evaluation may be passed on to the referring law enforcement or corrections agency.

**Informed Consent Signature**

I am signing this form to acknowledge that I have read the form titled Office Policy For Law Enforcement/Corrections (revised 3/11/02) and understand that the results of this psychological evaluation are the property of the referring agency. \_\_\_\_\_ (Initials)

I, the undersigned, also understand that any of the information provided during this evaluation may be released to the referring law enforcement or corrections agency listed below.

\_\_\_\_\_ (Initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Agency