

Informed Consent Form: Adult ADHD Assessment (telehealth)

I confirm I have read and agree to the process and terms outlined in the *Information Sheet: Adult ADHD Assessment and Treatment*, and that I understand and accept the following:

I am completing a diagnostic assessment for ADHD in adulthood. The process will include, for the purposes of the assessment:

- **Semi-structured clinical interviews with me** that include discussion of symptoms of concern, as well as personal and medical history, and this is a comprehensive assessment process that discusses topics that can be sensitive for some people;
- **Completing psychometric questionnaires with me** that ask about symptoms of ADHD and other symptoms that may be relevant to my assessment;
- **The assessing clinician gathering collateral information from a person or persons of my choosing** about symptoms in childhood and adulthood, which can include that person or persons being asked to complete psychometric questionnaires, complete online forms, and/or have a brief phone or video call with the assessing clinician;
- **All information gathered then being summarised in an assessment report;**
- **My GP and/or Nova Mentem being provided with a copy of the assessment report, and any relevant background information, where applicable.**

Additional information may be required at any stage during the assessment process and, even with additional information, there is no guarantee of an ADHD diagnosis.

The assessing clinician may also share assessment information, including the report, with another clinician or clinicians for the purposes of clinical supervision.

I understand and accept that, where applicable, I will be attending a medical review and follow-up appointments with a Nova Mentem psychiatrist. Recommended treatment may include, but is not limited to, medication management, psychological treatment, individual or group counselling, and other therapeutic interventions as determined by my treatment provider.

I understand and accept that my personal information is collected and stored as part of an electronic clinical record with MindMatters Clinic and Nova Mentem this remains strictly confidential. Limits to confidentiality are: If the assessing clinician or treatment provider thinks there is serious and imminent risk to myself or someone else; if they are required by a court of law; or if it is an emergency or crisis situation.

I understand and accept that the emergency contact information provided by me may be used in the event of a crisis.

I give my consent for MindMatters Clinic and Nova Mentem to request relevant health records from other health providers (for example, my GP or other specialists).

I understand and accept that within the provisions of the Privacy Act and the Health Information Privacy Code, I have the right to access this personal information, and that I may ask for correction of such.

I understand and accept my rights and responsibilities, including the right to be informed about treatment, to accept or refuse treatment, and the right to and the responsibility to communicate openly and honestly with my treatment provider. I understand that I can withdraw my consent to assessment at any time.

I acknowledge I have been provided with an opportunity to ask questions about this form and all matters relating to the assessment and treatment process and have had my questions answered satisfactorily.

Signed _____

Name _____

Date _____