

Directions - a Center for Life Strategies, LLC  
Tamsen Thorpe, PhD  
Psychologist (NJ license #3826)  
20 Community Place - 4<sup>th</sup> floor  
Morristown, NJ 07960  
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## **DISCLOSURE AND INFORMED CONSENT**

### **CONFIDENTIALITY STATEMENT:**

All information obtained and inherent in this assessment is confidential except in circumstances governed by the law (e.g. duty to warn, harm to self, abuse) or if you chose to submit a report and / or request expert testimony regarding the assessment. If you would like me to confer with another healthcare professional, family member, etc. you will need to sign a "Release of Information" form. This permission can be revoked by you in writing at any time.

### **OVERVIEW OF ASSESSMENT AND LIMITATIONS TO SERVICES:**

You have been referred by your attorney for a fitness for duty examination. The examination may take six or more hours, spread over several appointments, during which, you will be asked to complete a number of written and/or computer administered questionnaires and tests. You will also be interviewed and asked questions about your work and personal life. I may also gather information from other third-party sources, to include without limitation; a review of your personnel file, records regarding your work history or recent performance, or interviews with family, friends, treatment providers, or others as is pertinent to the assessment and opinion

Upon completion of the examination and interview(s), I will provide your attorney with a verbal opinion and, if requested, a written report of relevant findings, conclusions and recommendations relating to my opinion about your fitness for duty. Please note, the findings, conclusions and recommendations ("Product of the Evaluation") may not necessarily conform to or support any particular outcome desired by you or any other party. Instead, the Product of the Evaluation will result solely from my independent judgement and may be adverse and detrimental to the interests of any or all parties.

### **POTENTIAL OUTCOMES AND USES OF EXAMINATION RESULTS:**

As a result of the examination, I may conclude that you are 1. psychologically fit for return to full duty, 2. psychologically fit to return to light or modified duty, or 3. psychologically unfit and unable to resume your duties. If it is determined that you are unfit for duty, I may identify steps that you or your employer might take that could enable you to continue employment, alternatively, I may find that no recommendations are indicated.

Regardless of the opinion, and recommendations (if any), relating to your fitness for duty included in the report, your employer may choose not to rely on them, in whole or in part, when deciding on your status. As the Examiner, I cannot, and do not make personnel decisions, these decisions are entirely the responsibility of your employer. As such, you expressly agree to hold

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the Examiner harmless from any liability or action that may be taken by your employer as a result of this evaluation

**FINANCIAL AGREEMENT:**

The PBA has been sent an invoice via your attorney. You, as the Client, are responsible for the fees involved in this examination ultimately. Please note that I will remain a neutral and impartial independent examiner. As such, I will have sole control over the examination and resulting opinions, conclusions and recommendations.

**STATEMENT OF UNDERSTANDING:**

I have read and understand this information and informed consent.

\_\_\_\_\_  
Examinee Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examinee Signature