

**Laura Dahmer-White, Ph.D.**  
*Clinical Neuropsychologist*  
**2620 RW Johnson Rd. SW, St. 204**  
**Tumwater, WA 98512**  
**Ph.: 360 709-0601 Fax: 360 528-2080**

**CONSENT TO TREATMENT  
CLIENT'S RIGHTS AND RESPONSIBILITIES**

You have been referred for a neuropsychological evaluation which will involve completion of a number of tests to examine your cognitive abilities (i.e., attention, memory, problem-solving, etc.) and your psychological status. **It is very important that you do your best on these tests or the validity of the results will be in question.** The evaluation will be performed by Dr. Dahmer-White, a licensed psychologist with formal predoctoral and postdoctoral training in neuropsychology, and a psychology technician who is supervised by Dr. Dahmer-White. Copies of Dr. Dahmer-White's educational background and credentials are available upon request.

**ETHICS AND PROFESSIONAL STANDARDS:** As a licensed psychologist and member of the American Psychological Association Dr. Dahmer-White is fully accountable to you as a treating healthcare professional. If you have any concerns about the services provided to you, please discuss them with her. You may also discuss any concerns or complaints with the Examining Board of Psychology:

Examining Board of Psychology  
Department of Health  
P.O. Box 47869  
Olympia, WA 98504-7869  
Phone: 360 236-4910  
Fax: 360 236-4909

I have read and understand the information presented above and hereby grant permission to receive evaluation and treatment services from Dr. Dahmer-White.  
I also agree to pay for all services provided.

\_\_\_\_\_  
Signature of Client or Client's Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date