



CONSENT TO PARTICIPATE IN A DRIVER REHABILITATION ASSESSMENT AND RELEASE OF INFORMATION

CONSENT TO PARTICIPATE IN ASSESSMENT:

I, _____ (DOB: ___/___/___) understand I have been referred for a comprehensive driving evaluation for the purpose of determining my ability to drive a motor vehicle. The evaluation will be conducted by a qualified individual at DriveAble Solutions and will consist of a clinical assessment (if not previously completed) and a behind the wheel assessment. I consent and agree to participate in all of the evaluation procedures constituting the program. I agree to abide by the results obtained. These recommendations may include vehicle and adaptive equipment requirement, re-evaluation, or requests for further medical treatment or consultations.

CONSENT TO COMMUNICATION OF RESULTS:

I authorize DriveAble Solutions to release all information of my driver evaluation and training program to Arizona Motor Vehicle Department (MVD), or to the state in which I reside. I consent to allow my therapist and physician to discuss the results directly with the MVD upon their request or for clarification regarding my case. Information may also be released to my physician, rehabilitation service providers, funding agency or myself (if applicable).

I further consent to and authorize that information from my medical records relating to my identity, diagnosis, prognosis or treatment may be released to DriveAble Solutions. I understand that the purpose or need for this disclosure is to determine my safety to drive.

CONSEQUENCES OF TESTING:

Should I fail the battery of physical, cognitive, visual-perceptual tests, and/or behind the wheel assessment, the Motor Vehicle Department (MVD) will be notified. I give this consent with the awareness that such disclosure may result in the revocation of my license to drive or prevent me from obtaining such a license in the future. I am aware that MVD has the authority to make final decision regarding my driving status.

WAIVER OF LIABILITY:

I further agree and do hereby release DriveAble Solutions, my evaluator(s) and my physicians from any claims of any nature arising out of my participation in the driver assessment and training service.

REVOKING CONSENT:

This Consent form is valid for three years from the date of signing, or can be revoked immediately upon written notification.

Client Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____