

Driver's Evaluation Program Informed Consent

This is to certify that I, _____, hereby give my consent to participate in the Driver's Evaluation Program conducted by New England Rehabilitation Hospital of Portland (NERHP).

I have discussed this program with a member of my treatment team, and have been informed of the possible benefits of the evaluation, along with the risks and hazards.

I understand that the Hospital will administer to me physical, written, oral, as well as simulated road reaction tests. I understand that the Hospital will arrange for a Driver Education Instructor to provide a road test for me as indicated. I understand that the Hospital will provide an occupational therapist to accompany me on a road test. I understand payment must be made directly to NERHP before my testing is initiated. The road test will be conducted by a certified driving instructor, and I will pay the instructor directly. I understand that the Driver Education Instructor is an independent contractor and not an employee of NERHP.

I understand that there will be incidental disclosure of patient information to this Driving Instructor in the course of the driving examination.

Potential outcomes for driver's evaluation may be:

- Coordination with the Department of Motor Vehicles for driver re-testing, with a report forwarded to the State.
- To continue with on the road instruction with a professional driving instructor.
- A continued therapy program.
- Not to pursue driving or driver training at the present time. A re-evaluation may be considered at a later date.

I am participating in this evaluation voluntarily. I have had a chance to ask questions about the evaluation, and the questions have been answered to my satisfaction.

Signature of Patient

Date

Signature of Therapist

Date

_____ Form CR24 signed