

THE AUTISM TELEMEDICINE COMPANY

INFORMED CONSENT FOR CAARS™ Conners' Adult ADHD Rating Scales (CAARS) SCREENING:

PATIENT NAME: _____
DATE OF BIRTH: _____
DATE CONSENT DISCUSSED: _____

The **Conners' Adult ADHD Rating Scales (CAARS™)** scales measure the presence and severity of ADHD symptoms so that you can determine whether or not ADHD is a contributing factor to a client's difficulties. The CAARS scales quantitatively measure ADHD symptoms across clinically significant domains, while examining the manifestations of those symptoms.

The **CAARS™ Conners' Adult ADHD Rating Scales (CAARS)** (©MHS Assessments (MHS Inc.)) was designed for adults ages 18 years and older. **Conners' Adult ADHD Rating Scales, authored by C. Keith Conners, Ph.D., Drew Erhardt, Ph.D., Elizabeth Sparrow, Ph.D.** is a norm-referenced assessment.

Reliability:

Overall, the coefficients were highly satisfactory across the various normative groups. It was found that the CAARS measures (both self-report and observer) are quite accurate in measuring the constructs they were developed to measure.

Validity:

Numerous validity studies were conducted on this test. The results of these studies supported the following hypotheses regarding factorial, discriminant, and convergent validity. The studies supported the following hypotheses:

The scale structure of the CAARS is appropriate and makes sense both empirically and theoretically.

The CAARS discriminates between relevant groups.

The CAARS correlates with the measures believed to measure related constructs.

The CAARS scale is available in a short version, screening version, and a long version (self-report long version used here) for ages 18 years and older.

Possible Benefits:

The CAARS serves as an initial screening test for ADHD. The result of this screening, upon consultation with your physician, psychologist, or other appropriately qualified and licensed provider, and in conjunction with other tests, examinations, and assessments will be part of the diagnostic process.

Possible Risks:

As with any medical screening procedure, there are potential risks and cautions associated with the use of this screening instrument. These risks include, but may not be limited to:

- The results and scores of the CAARS instrument depend upon the responses entered by the informant and therefore reflect the accuracy of these responses as well as the informant's understanding of the questions.
- The use of this single instrument along should never be used to make a diagnosis of the autism spectrum disorder and/or therapeutic decisions. The instrument is a screening test and must be followed up by further consultation and testing with your licensed qualified provider(s).
- I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my provider, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

By signing this form, I understand the following:

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies myself will be disclosed to researchers or other entities without my consent.
- As such, I understand that the information disclosed by me during the course of my diagnosis and/or therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- I understand that I have the right to withhold or withdraw my consent to the use of the CAARS screen at any time.

Patient Consent To CAARS screening:

I have read and understand the information provided above regarding the CAARS screen, have discussed it with my provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of the CAARS screen on myself and will follow up with my regular physician/or psychologist for further interpretation and management.

I also understand and agree that the use of this screening instrument is not intended to and **does not constitute medical advice** and does not replace any diagnostic examination, evaluation, and management provided to myself by a licensed physician, psychologist, or other healthcare professional in your jurisdiction (see also terms of service at www.autismtelemed.org).

I also agree that the use of this instrument means that I have consented to its use. It also means that I agree with the terms of service and disclaimer at www.autismtelemed.org.

Signature of Patient (or person authorized to sign for patient):

Date: _____

If authorized signer, relationship to patient:

Witness: _____

Date: I have been offered a copy of this consent form (parent, guardian, or patient's initials) _____