

**THE AUTISM TELEMEDICINE COMPANY**  
**INFORMED CONSENT FOR**  
**Conners 3™ (Conners 3rd Edition™) ADHD SCREENING:**

PATIENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DATE CONSENT DISCUSSED: \_\_\_\_\_

The **Conners 3™ (Conners 3rd Edition™)**, (© MHS Assessments (MHS Inc.) authored by C. Keith Conners, Ph.D. was designed to effectively identify symptoms, behaviors, and associated features of ADHD and co-morbid disorders in **children and adolescents ages 6 to 18 years (for the parent edition in use on our website)**. **Conners 3™ (Conners 3rd Edition™)** is a norm-referenced assessment.

**Reliability**

Both test-retest reliability and internal consistency are very good for the Conners 3 scales and indices.

**Validity**

The validity of the Conners 3 has been tested for factorial validity, construct validity (including relationships with other related measures), predictive validity (including the ability of the Conners 3 to differentiate between youth with ADHD and those without a clinical diagnosis).

The **Conners 3™** will assist you in the diagnostic process. **Conners 3™** items have been updated to assess DSM-5 symptom criteria for ADHD. When used in combination with other assessment information, results from the **Conners 3™** can help guide your diagnostic decisions, treatment planning, ongoing monitoring of response to intervention, and evaluating the effectiveness of a treatment program for a child with an ADHD.

**Possible Benefits:**

The **Conners 3™** serves as an initial screening test for ADHD. The result of this screening, upon consultation with your child's 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 **Conners 3™** 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 ADHD and/or therapeutic decisions. The instrument is a screening test and must be followed up by further consultation and testing with the child's 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 child's medical information could be disrupted or distorted by technical failures; the transmission of my child's medical information could be interrupted by unauthorized persons; and/or the electronic storage of my child's medical information could be accessed by unauthorized persons.

**By signing or agreeing to 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 my child, or other minor of I have guardianship, or other minor relative I am authorized to seek healthcare services for, or 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 **Conners 3™** screen at any time.

**Patient Consent To Conners 3™ screening:**

I have read and understand the information provided above regarding the **Conners 3™** 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 **Conners 3™** screen on my child and will follow up with my child's regular physician 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 yourself, your child, or dependent by a licensed physician, psychologist, or other healthcare professional in your jurisdiction (see also terms of service at [www.autismtelemed.org](http://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](http://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) \_\_\_\_\_