

**DRIVER EVALUATION AND TRAINING
CONSENT AND RELEASE OF INFORMATION FORM**

I, _____ understand that I am taking a comprehensive driving evaluation with a Certified Driver Rehabilitation Specialist (CDRS) for the purpose of determining my ability to drive a motor vehicle. The evaluation will consist of a clinical assessment, vehicle and equipment assessment and 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. I am solely responsible for completing these recommendations, and understand that documentation of my ability to drive a motor vehicle will be contingent on my completion of all recommendations given by Certified Driver Rehabilitation Specialist.

I understand that driving a motor vehicle on public roads is a privilege granted me by the DMV. I understand that safely driving a motor vehicle requires good physical control of the vehicle, as well as good visual, perceptual, and cognitive skills by the driver in order to react to the changing traffic environment. I understand that my medical diagnosis may impair my driving ability. I am voluntarily submitting to a driver assessment in order to ascertain if I may have any physical, mental, visual, cognitive and/or perceptual impairment that may impede my ability to drive a motor vehicle safely.

I authorize the Certified Driver Rehabilitation Specialist to release all information of my driver evaluation and training program to the consulting physician. Should I fail the battery of physical, cognitive, visual-perceptual tests, and/or behind the wheel assessment, I understand that the physician or CDRS may be required to notify the local DMV Medical Branch (DMV Safety Office) as mandated by CA law. I give this consent with 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 the DMV Medical Branch/Safety Office has the authority to make final decisions regarding my driving status. If I pass the driver's evaluation, I understand that I still must consult with my physician regarding my test results prior to operating a motor vehicle independently or undergoing additional driver training.

I further consent to and authorize that my medical information relating to my diagnosis, prognosis, or treatment may be released to the Certified Driver Rehabilitation Specialist. I understand that the purpose or need for this disclosure is to determine my safety to drive and all this information will be held in strict confidence between me and the CDRS. I further agree and do hereby release the Certified Driver Rehabilitation Specialist and my physicians from any claims of any nature arising out of my participation in the driver assessment and training service.

I understand these services are not part of a "Driving School", the CDRS is not a "driving instructor", and that if driver's education services are necessary, or required by the DMV, it is my responsibility to acquire such services elsewhere.

Each evaluation and training session will be a billable expense. I understand that I am responsible for all or part of the bill if my other funding sources refuse payment. I understand that I am responsible for full payment at the time services are rendered.

_____/_____
Signature of Client Date
(Understanding the above information)

_____/_____
Driver Evaluator/Trainer Date

_____/_____
Signature of Parent/Guardian, Relative of Other Date
(Witnessed the explanation of this contract; signature optional)