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AGREEMENT FOR SERVICES IN FORENSIC CASES

This form describes policies which both you and I agree to follow as we work together. If you have any questions at all, please bring them up so that they can be discussed and clarified.

Fees: In forensic cases (that is, cases that involve requests to make recommendations which relate to custody, litigation, or the possibility of expert testimony), my fee will be \$340/hour for time spent in direct contact with clients, their agents, or collateral witnesses, and for time spent analyzing data and preparing a report. If court testimony is required, an hourly fee of \$340 will be charged for preparation and for the time spent in court, and getting to and from court. As a rule, because the amount of time spent in court is difficult to predict, charges will be made for half or full day appearances, whichever is more appropriate. This work is not considered psychological treatment, but rather is psychological evaluation. Much of what takes place is not likely to be covered by insurance companies. By signing this form, you will be agreeing not to submit claims for reimbursement to any insurance company or managed care company that would limit fees or the scope of my evaluation.

Cancellations: When you schedule an appointment, that time is reserved for you. If you cannot attend the session, please notify me as soon as possible. You will be liable for charges for missed sessions unless at least 24 hours notice is given. Certainly, if I have to cancel, there will be no charge.

Payment: An agreement about how payment responsibility is to be shared should be developed between the parties (if appropriate) prior to the first contact. Whatever arrangement is agreed upon, a retainer fee of half the estimated total cost of the evaluation will be expected at the beginning of the process, and the payment of all remaining fees will be due prior to the release of any findings, recommendations, or a final report.

Generally, recommendations will be made to clients' attorneys, and I will be happy to meet directly with clients to further explain my findings (at an hourly rate).

In the case of long delinquent accounts, involvement with an attorney or collection agency may become necessary. In this case, all additional fees involved will be your responsibility and, in addition, the amount you owe will not be held confidential as it will be necessary to reveal it to these other parties.

PLEASE FILL IN THAT WHICH APPLIES:

Individual(s) responsible for payment: _____

Payment requirement specified in court ordered evaluation: _____

Other payment arrangement: _____

In the case of delinquent accounts, involvement with an attorney or collection agency may become necessary. In this case, all fees involved will be your responsibility and, in addition, the amount you owe will not be held confidential, as it will be necessary to reveal it to these other parties.

Insurance: Most of these services (i.e., mediation, parental coordination, consultation on divorce and testing issues) are not eligible for insurance reimbursement. However, when clinical services are rendered (as in the case of forensic evaluations) statements outlining procedures, dates of service, and costs will be generated, and diagnoses will be provided as appropriate. In those cases where insurance coverage might be honored, these statements can be attached to your insurance forms in order to receive any reimbursement you are due. Please understand that I cannot accept responsibility for collecting your insurance claims. You, not your insurance company, are responsible for your own account.

Confidentiality: The information revealed by you will be maintained in confidence within the system. That is, while outside parties will not be privy to it without your express permission, all information gathered, at my discretion, may be shared with the attorneys in the case or the other complainant(s), and all material gathered may become included in my final report.

In all cases, I will seek to adopt a socially responsible and ethical position. This means that I will view myself as an independent evaluator and not as an a priori advocate of any position. I look forward to working with you.

Date: _____

William B. Zuckerman, Ph. D., Licensed Clinical Psychologist

Witness: _____

Client Signature