

Psychology & Counseling Associates of Carmel

Court/Legal Action and Related Legal Fees

Clients/Patients are discouraged from having their therapist subpoenaed or involved in any of their legal proceedings. If you involve your therapist in any legal proceedings, you will become responsible for additional fees/expenses that will not be covered by any third party payer such as insurance, etc. Even though you are responsible for any and all legal/testimony fees, it does not mean that my testimony will be solely or primarily in your favor. I can only testify to the facts of the case and to my professional opinion. I do not provide forensic evaluations or opinions, and no aspect of our treatment oriented work together is to be taken as indicative of a forensic opinion. Misrepresentation of therapeutic statements as indications of forensic opinions in a legal setting can result in a breach of the therapeutic relationship, and this provider reserves the right to terminate the therapeutic relationship and provide you and/or your guardian/ward/minor/dependent with referrals for treatment with a new provider or agency.

If you involve me in any of your legal actions or proceedings, the following fees are in effect:

- 1.Preparation time (including submission of records): \$250/hr
- 2.Phone calls, emails, letter writing: \$250/hr
- 3.Depositions: \$300/hour
- 4.Time required in giving testimony: \$300/hour
- 5.Mileage: \$0.50/mile
- 6.Time away from office due to depositions or testimony: \$300/hour
- 7.All attorney fees and costs incurred by the therapist as a result of the legal action will be paid by you.
- 8.Filing a document with the court: \$200
- 9.The minimum charge for a court appearance: \$1,500

A retainer of \$1,500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 72-hour notice there will be an additional \$250 “express” charge. Also, if the case is reset with less than 96 business hours notice, then the client will be charged \$500 (in addition to the retainer of \$1,500).

Client/Patient Printed Name

Guardian Printed Name (if applicable)

Client/Patient/Guardian Signature

Date

Witness/Clinician Printed Name

Witness/Clinician Signature

Date