



Notification of Policy on Legal Interaction

Client Name: _____

I understand that my therapist with Core Counseling, MHS, does not participate in legal proceedings related to client therapy. The therapist does not testify in court or provide any documentation to lawyers or court representatives. Please read the following statements and initial each.

(initial) I acknowledge and understand that the therapeutic process is protected under the Health Insurance Portability and Accountability Act (HIPPA) as well as other federal laws and my therapist cannot speak to anyone without a written Release of Information (ROI), which I may request from my therapist.

(initial) I acknowledge and understand that if I am involved in any legal proceedings, my therapist will not willingly testify for me in court or write any reports relative to the proceedings.

(initial) I acknowledge and understand that if I am involved in any legal proceedings and the court orders my therapist to participate or I request my therapist to participate, the follow fees are due up front before the therapist will take any action:

- \$300 for an initial court report;
- \$200 for a follow-up report;
- \$200 per hour for consultation with any lawyer or court representative involved in the case, minimum of 1 hour;
- \$200 per hour for providing and redacting therapy records;
- \$1500 per day for being called to a deposition or to court to give testimony.
- Other fees may also apply.

I have read and understood this therapist’s policy on legal proceedings. I acknowledge that I am responsible for asking questions if I do not understand and my questions have been answered to my satisfaction.

Client or Guardian Signature

Date

Printed Name of Client or Guardian

Therapist Signature

Date