

## **FALLS PSYCHOLOGY SERVICES PLLC**

### **FORENSIC CONSULTATION & INFORMED CONSENT PACKET**

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#### **FORENSIC CONSULTATION SERVICES AGREEMENT**

Thank you for contacting Falls Psychology Services PLLC regarding forensic psychological consultation services related to VA disability claims.

Please carefully review the following information regarding the nature, scope, limitations, and policies associated with these services.

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#### **I. NATURE OF SERVICES**

Falls Psychology Services PLLC provides forensic and consultative psychological services related to:

- VA disability claims
- Nexus opinions
- Mental health rating increase evaluations
- Secondary service connection opinions
- Occupational and social impairment evaluations
- DBQ-related consultation
- Supplemental claims and Higher-Level Review rebuttal opinions
- Independent psychological evaluations

These services are evaluative and consultative in nature and differ substantially from traditional psychotherapy or ongoing mental health treatment.

The purpose of these services is to provide an independent psychological evaluation and professional opinion based upon available records, clinical interview findings, psychometric data when applicable, current peer-reviewed medical literature, DSM-5-TR diagnostic standards, and professional clinical judgment.

#### **II. NO GUARANTEE OF OPINION OR CLAIM OUTCOME**

Falls Psychology Services PLLC does not guarantee:

- acceptance of a case
- a favorable nexus opinion
- a specific diagnosis
- a specific disability rating
- approval of a VA claim
- approval of a supplemental claim or appeal
- TDIU approval
- any specific legal or administrative outcome

Opinions are developed independently and are based upon the clinical evidence available at the time of evaluation.

Payment for consultation services, records review, or report preparation does not guarantee that the final opinion will support the Veteran's claimed condition(s).

If available evidence does not medically support the requested opinion, Falls Psychology Services PLLC reserves the right to decline preparation of a nexus opinion or other forensic report.

### **III. INITIAL CONSULTATION & RECORDS SCREENING**

All prospective Veterans begin with an Initial Consultation and Records Screening process.

The Initial Consultation / Records Screening fee is \$150.

This fee covers:

- professional review of submitted records
- preliminary diagnostic and forensic review
- evaluation of claim viability
- review of symptom history
- determination regarding whether Falls Psychology Services PLLC can ethically and professionally proceed with the requested evaluation or opinion
- review of applicable nexus/aggravation theories when appropriate

If the case is accepted for a forensic report or nexus opinion, the consultation fee will be applied toward the final report fee.

The Initial Consultation / Records Screening fee is non-refundable once records review has begun.

### **IV. CLIENT RESPONSIBILITIES**

The Veteran is responsible for:

- providing accurate and truthful information
- submitting relevant records in a timely manner
- providing copies of prior VA decisions, DBQs, C&P examinations, and relevant medical records when available
- notifying Falls Psychology Services PLLC regarding changes in contact information
- completing all required intake forms and releases
- paying all required fees prior to report release

The Veteran understands that incomplete or inaccurate information may affect the quality or conclusions of the evaluation.

### **V. RECORDS SUBMISSION**

Veterans are encouraged to submit records electronically whenever possible.

Relevant records may include:

- DD214
- service treatment records
- VA treatment records
- civilian medical records
- prior C&P examinations
- prior nexus opinions
- VA rating decisions
- sleep studies
- imaging reports

- medication lists
- psychotherapy records
- lay statements
- spouse/family statements
- occupational records

Records may be securely emailed to: [fallspsychologyservices@gmail.com](mailto:fallspsychologyservices@gmail.com)

## **VI. FEES & PAYMENT POLICIES**

Fees for forensic consultation services vary depending upon complexity of the case and services requested.

Current fee schedule examples:

<b>Service</b>	<b>Fee</b>
Initial Consultation / Records Screening	\$150
Standard Mental Health Nexus Letter	\$500
Mental Health Rating Increase Letter	\$500
DBQ Completion	\$300
Appeal / Rebuttal Opinion	\$750–\$1,250

Final reports will not be released until outstanding balances are paid in full.

## **VII. FORENSIC ROLE LIMITATIONS**

The Veteran understands that forensic consultation services:

- are not psychotherapy services
- are not emergency services
- are not crisis services
- do not establish an ongoing therapeutic relationship unless separately agreed upon in writing
- are independent and evaluative in nature

Falls Psychology Services PLLC does not provide emergency psychiatric management through email, text message, or portal communication.

If the Veteran is experiencing a psychiatric emergency, suicidal crisis, or urgent safety concern, the Veteran should:

- call 911
- go to the nearest emergency room
- contact the Veterans Crisis Line by dialing 988 and pressing 1

## **VIII. EMAIL & ELECTRONIC COMMUNICATION CONSENT**

The Veteran understands that electronic communication carries some degree of privacy risk despite reasonable safeguards.

The Veteran consents to communication regarding:

- scheduling
- records requests
- administrative communication

- forensic consultation matters
- document submission
- billing communication

The Veteran understands that email communication should not be used for emergencies or urgent psychiatric concerns.

**IX. RELEASE OF REPORTS**

Completed forensic reports are prepared for the Veteran and may be submitted by the Veteran to the Department of Veterans Affairs or other entities at the Veteran’s discretion.

Falls Psychology Services PLLC cannot guarantee how the VA or other agencies will interpret, utilize, or weigh any report or opinion.

The Veteran is responsible for submission of completed reports unless otherwise agreed.

**X. CANCELLATION & RESCHEDULING POLICY**

Appointments canceled with less than 24 hours notice may be subject to a cancellation fee.

Repeated no-shows or repeated late cancellations may result in discontinuation of services.

**XI. ACKNOWLEDGMENT OF UNDERSTANDING**

I acknowledge that:

- I have read and understand this agreement.
- I understand the forensic and non-therapeutic nature of these services.
- I understand that payment does not guarantee a favorable opinion or VA outcome.
- I understand that opinions are based upon available evidence and professional judgment.
- I understand that these services are not emergency or crisis services.
- I consent to participation in forensic consultation services.

Veteran Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FORENSIC RECORDS RELEASE AUTHORIZATION**

I authorize Falls Psychology Services PLLC to receive, review, and utilize relevant records for purposes of forensic consultation and psychological evaluation.

This may include:

- VA medical records
- military records
- civilian treatment records
- prior C&P examinations
- prior nexus opinions
- diagnostic testing

- psychotherapy records
- sleep studies
- occupational records
- collateral statements

I understand that these records will be utilized solely for purposes of forensic psychological consultation and report preparation.

Veteran Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **FORENSIC SERVICES FINANCIAL AGREEMENT**

I understand that forensic consultation services are private-pay services and are generally not billable to insurance.

I understand that:

- payment is due prior to release of reports
- consultation fees are non-refundable once review work has begun
- fees compensate professional time and expertise regardless of VA outcome
- payment does not guarantee a favorable opinion or claim approval

I understand that I am financially responsible for all agreed-upon services.

Veteran Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_