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Agreement for Forensic Clinical Services

This document contains important information related to services to be provided and business practices to be followed. Please examine it carefully and bring any questions or concerns to my attention. When we both sign this document, it will represent an agreement that will guide us in our work together.

Forensic cases are those that require my attention to legal as well as clinical matters. They may involve issues of divorce, visitation, child custody, relocation, parent coordination, or criminal procedures. Our work will be dictated by the specifics of the case and by an agreed to range of specific services. It may involve assessment and evaluation, record review, interviews with other professionals, individual or family treatment, case management, parent coordination, mediation, or consultation on a variety of family and legal matters with you or with your legal counsel. It may also involve participation in depositions or testimony at trial.

Fees:

For all client contacts (whether in person, by phone, or via email), record review, collateral interviews, research, and the generation of any written materials including but not limited to evaluative reports, the fee is \$320.00 per hour, billed in 15 minute increments. Psychological test scoring, when provided by required third party providers, will be charged based upon that party's fee structure. For attorney consultations, depositions, and legal testimony, the fee is \$380.00 per hour for transport, preparation and appearance, with a 4 hour minimum fee to be charged to manage the inexactitude with regard to the scheduling and duration of such procedures as well as the transport time involved.

Because many forensic services involve significant hours in the absence of the client or responsible party, it is typically required that an initial payment of \$5000.00 be made from which hourly fees will be deducted as the work proceeds. This fee is renewable during the course of our contacts such that the reservoir remains above the \$1000.00 level at all times. If this arrangement involves more than one party, this reservoir is typically the joint and equal responsibility of each of the clients being served. If another payment ratio is agreed upon, a note of this exception will be made at the end of this document and will be initialed by all parties.

Payments can be made in cash, by check, by VENMO, by Zelle, or by using VISA, MasterCard, or American Express cards. Please note that all payments made using credit or

debit cards will be subject to a 3.99% Non-Cash Adjustment that is applied at the time of payment.

If a written report is to be provided at the termination of our work, the report will not be released until such time as all fees are paid in full. Please note as well that fees for depositions and court appearances will be required to be paid in full in advance of these services.

In the event that funds remain in the account at the termination of services, they will be returned to the clients according to the ratio at which they were provided.

Cancellations:

When you schedule an appointment, that time is reserved for you. If you cannot attend, please notify me as soon as possible. You will be charged the entire fee for all missed appointments unless at least 2 business days advance notice is provided for office based appointments and at least 5 business days advance notice is provided in the case of depositions and court testimony.

Other Issues:

No audio or video recording of sessions is permitted.

I do not participate with any insurance providers, nor am I a "preferred provider" on any insurance panels. You will receive a statement itemizing services provided but please note that many services that are forensic in nature are not deemed by health insurance carriers to be part of their mandate or part of your coverage. You may submit the statements, however, and determine yourselves whether any of the services are reimbursable. Should insurance carriers be given permission by you to contact me and to release information, I will respond.

Should your account become delinquent for some reason, involvement with the Court, an attorney, or a collection agency may become necessary. In such case, all reasonable collection, attorney, service, and Court fees will become your responsibility in addition to the original arrearage. Moreover, your name, address, all telephone numbers, email address, relationship to this office, and amount owed will no longer be held confidential as it will become necessary to reveal these aspects to these other parties in order to facilitate collection.

Privacy and Confidentiality:

In general, the privacy of all communication with a psychologist is protected by law, and information can only be released with your specific and written permission to do so. Exceptions to this general statement, however, exist in the cases of threat of bodily harm to others and in the case of indicated instances of abuse or neglect. In such cases, I am a mandated reporter to appropriate individuals and agencies.

In forensic cases, it may be agreed that contacts between myself and attorneys and/or the Court are appropriate. In such case, such waivers will be discussed and written releases will be executed. Additionally, please note that, if deemed appropriate by the Court, release of information relative to any contacts may be so ordered without your voluntary agreement to such release.

Contacting me:

Because of the nature of the work, I am often not immediately available by telephone. If unavailable, you will be instructed by voicemail to leave a message as well as contact instructions. I will make every effort to contact you as quickly as possible. Note, however, that voicemail is not monitored and calls are not typically returned during weekends.

You will also be provided with an email address at which I can be reached. Note that this tends to be an equal to or better means of contact than the telephone, both because it is more easily monitored when out of the office and because it provides a written record of the context of your effort.

In the case of any clinical emergency in which you are unable to reach me with sufficient immediacy, you are encouraged to contact the nearest Emergency Room and ask for the psychologist or psychiatrist on call.

Please be assured that I will maintain a position of independence, neutrality, scientific rigor, and adherence to professional and ethical standards throughout our clinical and forensic work. As such, although retained for professional services, this is not to be construed as either implying or presupposing that any ultimate clinical or forensic position taken by me will be necessarily consistent with the views of any client or any legal representative of that client or with any judicial entity.

Should any questions arise relative to these matters or to any and all matters pursuant to services provided, it is hoped they will be brought to my attention and discussed in an effort to make the process a maximally useful one for all parties.

Specific exceptions/clarifications/notes:

Christopher H. Lane, Ph.D./Date

Client or Responsible Party/Date