



Policy on Legal Matters

CLIENT NAME: _____

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. In the event that you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation, I will be happy to assist you in obtaining that service from a qualified clinician.

It is also important for you to know that I will not be a party to any legal proceedings against any of my current or former clients. My goal is to support my clients to achieve therapy goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing not to involve me in legal/court proceedings or to attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event that you might require my testimony or involvement in non-adversarial aspects of legal/court proceedings, I will do so only with your consent. I will be unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent to disclose such information.

It should be noted that legal activities are important and therefore require a substantial period of preparation. As such, my clinical work is terminated including appointments, peer consultation and other therapy-related activities so that I might best prepare to present the evidence. It is therefore with the greatest consideration that I willingly participate.

Due to the special nature of legal proceedings and the abatement of clinical work a charge of \$400.00 per hour, or portion thereof, will be charged for these activities. Any involvement in the legal system is not covered by medical insurance and therefore must be paid by the respondent. Prior to my participation a contingency fee is required.

This policy covers all matter related to cost for services outside the clinical room and includes the following:

- Contact with Attorneys or their agent
- Court ordered reports and testimony
- Correspondence with parties related to any legal action
- Telephone conversations
- Travel and prior to and after attending a legal conference, deposition or court hearing
- Preparation time

If a copy of your records, for legal reasons, is required a fee in accordance with WA ST Legislature WAC-246-08-400 will apply. As these fees can change, please refer to WAC-246-08-400 for the most current rates. An estimate will be given upon request.



Policy on Legal Matters (*cont.*)

CLIENT NAME: _____

Your signature below indicates that you have read, understand and agree to these terms.

Signature of Patient/Guardian

Date

Name of Parent/Guardian (printed)

Relationship to patient: ☐ Self ☐ Parent ☐ Guardian ☐ Other