

## Family Resource Counseling Center

11500 West Olympic Blvd. Ste 420, Los Angeles, CA 90064

Ph : (310)479-9798 Fx: (310)479-9796

Although you were referred to our counseling center by your clinical defense attorney, we operate as independent professionals with different roles. The role of your attorney is to represent you to the best of his ability in regard to the legal matter at hand. The role, as a psychologist, is to perform an evaluation and prepare a letter based on the information you provide along with clinical impressions. The fee covers the three or more hours of time involved in the evaluation and report-writing process. The psychologist is solely responsible for the opinions and recommendations contained in that document.

A copy of the assessment letter will be provided to your attorney, not to the court. Your attorney, in his role as your advocate, will determine whether or not to submit the letter, along with other documentation, to the court on your behalf. He will use a variety of criteria in making that determination, including whether or not he believes that my letter will enhance his ability to defend you in court. Should he decide that the letter may not benefit your case, he will advise you as to that fact and act accordingly.

In sum, your attorney and your psychologist perform independent functions. In paying the fee, you are reimbursing the psychologist for their time and expertise. The conclusions expressed in the resulting report are entirely the psychologist's.

I have read the above information, and understand the nature and the limits of the psychologist's role in this matter. They have clarified any questions or concerns I have regarding these conditions, and have provided me with a copy of this form.

As a psychologist, we are governed by various laws and regulations and by the code of ethics of our profession. The ethics code requires that we make you aware of specific office policies and how these procedures may impact you.

**CLIENT'S RIGHTS:** Our relationship is strictly voluntary.

**LIMITS OF CONFIDENTIALITY:** Therapy sessions between a psychologist and a client are strictly confidential except under certain legally defined situations involving threats of self-harm or harm to another, and cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of self-harm, we are ethically bound to inform those in a position to help, or to otherwise enlist methods to prevent self-harm or suicide. In the case of danger to others, we are required by law to notify the police and notify any intended victim(s). In instances of child abuse, elder abuse, or dependent abuse, we must notify the appropriate social service agencies. Other situations that require us by law to reveal information about you to others without your permission include a legitimate subpoena by a court of law or if you are being treated or tested by court order.

**Your participation in a Drug and Alcohol Evaluation is strictly voluntary. The information gathered during our meeting will be used to prepare an evaluation**

**(including recommendations) for the court proceedings in your upcoming case. The evaluation will be sent directly to the attorney handling your case.**

PAYMENT AND FEES: Fees are \$400.00 for an hour session. Payments can be made by cash or check. It is customary to pay the agreed upon fee in full at the time of the session. If you wish to pay by check, please make it payable to: Family Resource Counseling Center. **To avoid wasting your valuable session time, please have your check made out or payment ready before your session.**

If you have any questions regarding the above or any related issues, please mention them. If not, please sign and date below indicating that you have read, understood, and voluntarily agreed to the above conditions.

I consent to proceed with the evaluation, in full understanding of and agreement with the terms outlined above.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_