

Missed Appointments

Appointment times are reserved in advance, and I request a minimum of 48 hours notice if the appointment needs to be cancelled or changed. Appointments missed or canceled without sufficient notice will be billed at the full fee, but in unusual cases may be waived in whole or in part. Please leave messages regarding a need to change appointments on my office voicemail at: (206) 940-1106.

Late Payment

Payment is due when billed. Any accounts not paid within 30 days will accrue interest charged on the outstanding balance at a rate of **10% per annum** from the date of the account until paid in full.

Emergencies and Coverage

A neuropsychologist conducting assessments either in a forensic or clinical arena (like myself) does not establish the typical Doctor-Patient relationship. Should an examinee experience a crisis or emergency, he/she is referred to a mental health or medical provider. To reach me during non-business hours, please call 206-940-1106.

Confidentiality

Forensic *consultation*, which may include services up to and including a full evaluation and confidential report, are considered work-product privileged communication for the attorney only. Forensic *evaluations*, on the other hand, are typically conducted for the purpose of generating a report that may go to the court as well as counsel for both sides of a matter. Thus, the nature of confidentiality in a forensic neuropsychological examination may be considerably different from the confidentiality provided by a treating or clinical psychologist. We have discussed this issue and agree that the current matter is considered: **forensic consultation** (i.e., confidential) until and unless we both agree that the results may be disseminated to a specified third party. Notification regarding this issue, including the likely recipients of the finished report, will be provided to the examinee prior to the initiation of any evaluation.

I am a licensed psychologist and like all practicing psychologists, certain circumstances may require me to intervene for the safety of the examinee and/or others. In particular, if the examinee is a danger to him/herself or others or if there is abuse of a child, developmentally disabled person, or dependent adult, I may be required to warn the person(s) in danger, and/or contact appropriate authorities.

Because I frequently work with a team of experts when conducting neuropsychological evaluations in a forensic context, I reserve the right to consult with students and interns involved in forensic and neuropsychological training, support staff, and other consultants germane to the case.

Agreement

Should you not agree with any of the terms above, please do not hesitate to contact me to discuss your concerns or the special circumstances of the assignment. Furthermore, please feel free to cross out, date and initial any items that do not apply to our working arrangement, accompanied by a signed addendum. My date of engagement in any matter is considered to be the date on which I was first contacted. Either party may terminate the expert-client relationship at will.

Your signature below indicates that you have read this document, understood its contents, agree to the terms, and accept responsibility for payment of fees. You have been sent two copies of this document. Please sign and date both and keep a copy for your files. If you have made changes or amendments, I will sign the document and send a copy or fax back to you.

Name

Title/Organization

Signature

Date

Paul D. Connor, PhD

Date
