

# INFORMED CONSENT

## INTERACTION WITH THE LEGAL SYSTEM

I understand that I will not involve or engage my provider in any legal issues or litigation in which I am a party to at any time either during my treatment or after treatment terminates. This would include any interaction with the following - Court System, Attorneys, Guardian ad Litem, Psychological Evaluators, Alcohol and Drug Evaluators, or any other contact with the legal system.

In the event that I wish to have a copy of my file, and I execute a proper release, my provider will provide me with a copy of my records, and I will be responsible for charges in producing that record. If I believe it necessary to subpoena my provider to testify at a deposition or a hearing, I will be responsible for his expert witness fees in the amount of \$1500 for one-half (1/2) day to be paid (5) days in advance of any court appearance or deposition. Any additional time that my provider spends over one-half (1/2) day would be billed at the rate of \$500 per hour including travel time. I understand that if I subpoena my provider, he may elect not to speak with my attorney, and a subpoena may result in him withdrawing as my provider.

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Client Signature

\_\_\_\_\_  
Date