

## Samantha Slaughter, PsyD

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### **DISCLOSURE STATEMENT: FORENSIC PSYCHOLOGICAL ASSESSMENT**

This statement is a disclosure of certain information about the process of psychological assessment. It details certain rights and responsibilities that you have in this process and gives you some information about me.

#### **My Training and Licensure**

I have a PsyD in Clinical Psychology, earned in 2008. I am licensed as a Psychologist in Washington State, license #PY60075756.

#### **Approach to Assessment**

The assessment process is designed to help me answer questions about the possible causes of problems or distress that you may be currently experiencing. It is not meant to be psychotherapy and will be brief and focused on the legal questions raised by the attorney who made this referral. The assessment process usually has two parts that require your participation: a structured interview, which normally takes between three and eight hours, and the administration of psychological testing, which normally takes from three to five hours. The times vary depending on how much information you have to share with me and the complexity of the issues being assessed. I will also probably be reviewing your medical and psychological records and other written materials relevant to your case. I may also ask you for permission to speak to other people who have known you well who may help me to understand you.

I am conducting this assessment process because you are, or are planning to become, a party in a legal matter. If that is the case, I will be consulting with the attorney who referred you to me regarding my findings. Your consent to this evaluation includes a consent to release information to that attorney and/or their agents (for example, their paralegal). If I am called upon to testify in a deposition or courtroom proceedings, the findings of this evaluation and all supporting materials can be subpoenaed for examination by the opposing attorney, and it is very likely that this will happen. When you raise the issue of your mental status in a legal case, you may have waived your right to confidentiality of these records. In addition, if I am deposed by the opposing attorney, I will be required to respond to questions regarding my evaluation of you and my findings. I will take all possible steps to protect your privacy at any time when I am not required to render opinions or share information. It is important that you be as candid and open with me as you can possibly be during this assessment. Information that is concealed from me is

potentially far more damaging than if it is revealed here so that I can integrate it into the complete findings of my evaluation.

I may be asked to write a report of my findings. If so, you will receive a copy of a draft of that report to check for factual accuracy. If you find that what I say misrepresents you or the facts in some way, you may request that I make changes so as to more accurately reflect your perceptions. However, I retain my right to include those of my professional opinions and observations that I believe to best represent my findings in your case. You are not obligated to use any report that I write.

I will be audio-recording all of our meetings. This is standard practice in a forensic evaluation and preserves an absolutely accurate record of what you say to me. You have the right to request that I turn off the digital recorder at any time. However, I cannot be responsible for the accuracy of my reporting of any information that you give me when the digital recorder is not running. In addition, I cannot base my opinions primarily on anything you say when the digital recorder is not running. If you recall something in between or after our evaluation sessions, please call the office and leave that information in detail on my answering machine, and I will record it onto the digital recorder.

If during our evaluation you report information to me that causes me to suspect child abuse or vulnerable adult abuse, I must by law report my findings to the appropriate state agencies. I would inform you if I planned to take this step. If I learned that you were likely to harm another person, I must by law inform that person and the authorities. I would inform you if I took that step.

## **Fees**

My fee for any work that I do of a non-testimonial nature (for example, assessment interviews, test scoring and interpretation, reading records, talking with the attorney, report writing) is \$200.00/hr. My fee for any kind of testimonial work, including any time I spend traveling or waiting to testify, is \$300.00/hr. If any of my work requires me to travel outside of King, Pierce, or Snohomish Counties, WA, I will charge a daily rate of \$2000.00/day for whatever work I do of less than eight hours in place of the hourly rate, plus reasonable travel expenses. If you are paying for my forensic services, payment is due at the time services are rendered. Costs for materials, photocopying, duplication of audio recordings, and other costs incidental to the performance of work that you request will be charged separately and are your responsibility.

If your attorney is paying for my forensic services, I will bill on a monthly basis; fees are payable in full at the end of the month in which services are rendered. Late bills incur a charge of 1.5% per month on any unpaid balance. I send my bills directly to the attorney who has referred you to me and who has signed a contract to pay these fees as a cost in your case.

I reserve the right to take delinquent accounts to a professional collection agency if your attorney has not paid me after three consecutive unpaid monthly bills. Your insurance will not

pay for forensic evaluations since they do not meet insurance company definitions of medical necessity.

If you miss a session without canceling or cancel with less than twenty-four hours notice, you must pay for that session at our next scheduled meeting. The voicemail system has a time and date stamp which will keep track of the time that you called me to cancel. I cannot bill missed sessions to your insurance or to your attorney. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires) or if you or someone whose caregiver you are has fallen ill suddenly.

### **Complaints**

If you have reason to believe that I have acted in an unethical or unprofessional manner, I encourage you to discuss this directly with me. If I do not respond to your satisfaction, you may file a formal complaint with the Examining Board for Psychology, Dept. of Health, PO Box 47869, Olympia, WA 98504.

**Client's Consent to Assessment**

I have read the above disclosure statement and understand its terms. I have discussed any questions that I have with Dr. Slaughter, and she has answered them to my satisfaction. I agree to my participation in the assessment process as described above. I understand that my statements in this process will not be kept confidential because I have raised the issue of mental health in a legal case, but I understand that Dr. Slaughter will keep these materials private when she is not required by law to share this information. I agree to the release of information to the attorney who has referred me for this assessment. I agree to the fees quoted above or other agreed upon amount. I am over the age of eighteen and competent to enter into this agreement, OR I am the parent of a minor signing on behalf of my minor child.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's date: \_\_\_\_\_

Witness signature: \_\_\_\_\_