

**Addendum to Treatment and/or
Psychological Evaluation of Forensic Patients**

This page applies if your situation involves or may involve court-related issues.

_____ If this line is initialed, the undersigned has agreed not to request any court involvement from Dr. Gombatz. The treatment or evaluation received from Dr. Gombatz will not be used in court for any reason. This addendum can be sent to the court and used to release Dr. Gombatz from subpoena under the privilege of client confidentiality.

There may be instances in which Dr. Michael Gombatz, Ed.D., Licensed Psychologist, is subpoenaed to testify in court regarding the treatment and/or evaluation performed. Should this occur, the undersigned agrees to the following:

1. Dr. Gombatz will be identified as an expert witness and entitled to fees associated with this designation.
2. The patient and/or the patient's counsel who wishes to subpoena makes the undersigned patient fully responsible for the fee.
3. The fee is not based on an hourly rate, but rather is calculated on a case by case basis depending on the complexity of the evaluation and/or treatment, the time demanded for preparation, and the estimated time needed to prepare research and consult. The undersigned will be quoted the fee directly or through counsel. The minimum cost for a deposition is \$5,000.00. Depositions can take up to an entire day at the discretion of the party's attorney. Court appearances for a half day range from \$1,500.00 to \$3,000.00.
4. The undersigned agrees that if the fees are not paid in advance, Dr. Gombatz is not obligated to honor the subpoena. This addendum may be sent to the court and be used to release Dr. Gombatz from honoring the subpoena.
5. If the collection of fees requires an attorney for any reason, the undersigned agrees to pay all reasonable attorney fees in addition to the amount owed.
6. If a forensic case involves a family member or minor child, the undersigned agrees to be responsible for the advance fee with the understanding that Dr. Gombatz will request the Court, at the time of testimony, to evaluate the proper allocation of the payment.
7. Should records be subpoenaed or requested by the party or his/her counsel for clinical reasons, the request must be on a HIPAA-compliant form. The undersigned consents to allow a treatment summary, at Dr. Gombatz's sole discretion, to be considered a sufficient response to any request for records. The full record will ordinarily be released. The undersigned also agrees that if raw rest data is requested, this data must be released to a qualified psychologist. The cost for records preparation will be billed at the hourly administrative fee, which must be paid before any records are released.

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Date: _____

Date: _____