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Forensic Evaluation Contract and Informed Consent

Your initials below and signature on page 2 signify that you have read all of the information in this document and agree to abide fully by its terms during our professional relationship.

This Psychological Evaluation is being conducted at your request and/or the request of your attorney, known as: _____, **and pertains to a legal matter, and is therefore different than other psychological services, in that health insurance will not cover the fees. My office does not accept health insurance payments for this evaluation.** Specifically, the goal of this evaluation differs from standard psychological treatment in that it is intended to assist with a legal matter. If your attorney or a court has requested this evaluation, they will receive a copy of my report and will control how it is to be used and who has access to it. Since this evaluation is not designed for the purpose of treatment, patient confidentiality privileges will not apply to the completed document. What this means is that whatever you discuss with me may be included in my written evaluation or verbal communication with your attorney or the court system. State laws and the laws of my profession require that I report information that you tell me concerning any involvement that you currently have or have had in the past concerning homicide, elder or child abuse, including any form of sexual abuse that has involved yourself as perpetrator. If you have any concerns about the use or distribution of my report you should discuss these issues carefully with your attorney. **This evaluation will consist of one or more interviews, testing that may require more than one visit, and my review of your relevant documents to complete the final report. As client, you are responsible to supply my office with your relevant documents which will usually include medical and mental health records.** Court records, police reports, collateral statements, electronic transcripts and audio or visual recordings may also be needed. **You understand without receipt of the required documents your file will be considered incomplete.** You understand that conclusions and recommendations cannot be known in advance and will be based on results obtained and that the final report will be based on the information and documents provided and the results of interview and testing. **You understand that your payment is for my time and is not based on the outcome of your legal matter (e.g. court decision).**

Please note that in the event that I am required to attend a deposition or if I am issued a subpoena concerning your visits at this office or the results of your evaluation, or if I am asked to testify in court concerning my work with you, you agree to pay the additional fees incurred _____ (*please initial*). Since appointment times are reserved for you, it is required that you notify my office at least 48 hours in advance of any needed cancellation/reschedule via e-mail message. You agree to be responsible and pay in full for missed appointments that you do not cancel within this time period _____ (*please initial*). My office will answer any questions that you may have about your evaluation process.

Please complete the following information:

Your full Name _____

SS# _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ Cell _____

E-Mail Address _____

Closest Relative _____ Cell _____

Payment is required at the start of your evaluation today.

Please indicate below how you will be paying for your evaluation at this office today?

Cash _____ Credit/Debit Card _____ (please choose by initialing one)

Your signature below affirms that you agree to be fully responsible for payment of the services provided today and for any future appointments required to complete your evaluation. You understand and agree that our practice may pursue legal action against you in the event that your payment is not valid and you do not reimburse our practice for the balance due within 3 days of your notification of insufficient funds or an invalid payment.

Signature _____ Date _____

Thank you for your cooperation and my practice looks forward to working with you.