

Consent to Court Testimony

I, _____, agree to pay the practitioner Nicole E Farris MS/EdS, LCPC, NCC , the per diem fee of \$500 per court testimony. This fee pertains to in-person court testimony on my/my child's behalf, related paperwork, obtaining necessary releases, and communication between the practitioner and legal entities.

If the practitioner receives a Subpoena from my lawyer, I understand that the practitioner is not obligated to comply with all requests but does so to benefit my case. If the practitioner receives a court-order regarding my case, I understand that the practitioner is legally obligated to comply with any/all demands of the order, even if it is not my wish. I also affirm that I understand contact notes are privileged information for this practitioner and she will disclose them with prudence. At all times, I understand that consent for release of information must be obtained prior to court dates and payment will be due in full prior to court dates.

If I wish only records to be submitted on my/child's behalf, the practitioner will provide at her own cost but advance notice and releases must be completed in a timely fashion.

The practitioner will be obligated to the following:

- Release of diagnosis/treatment summary only to attorney: _____
- Release of diagnosis/treatment plan/other records only to: _____
- Release of all records only to: _____
- Release of records and verbal communication with attorney: _____
- Release of records and in-court presentation on date: _____
- Release of records, testimony, and follow-up with attorney: _____
- Other: _____

Any modifications to this consent will be in writing and copies will be provided to all parties

Client/parent signature

Client/parent printed name

Date

Therapist signature

Nicole Farris, MS/EdS, LCPC, NCC

Date