



**1101 South Belcher Road Suite E  
Largo, FL 33771  
(727) 532-1997 Fax (727) 524-1332**

## **CONTRACT FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER EVALUATION**

I agree to proceed with a Mental Health and Substance Use Disorder evaluation to be completed by Wendy E. Coughlin, Ph.D. according to the following arrangements. I agree to complete testing to include, but not limited to: psychological testing (e.g. MMPI, MCMI), Substance Abuse testing (e.g. SASSI), and toxicology screening. I understand Dr. Coughlin may review records and documents she deems relevant. I may also be asked to provide references for collateral information to be obtained from interviews with friends and family.

The terms of the agreement are as follows:

1. Purpose of Evaluation: I understand that the goal of this evaluation is for the evaluator to provide diagnostic opinions, impressions, and recommendations from an objective and professional perspective.
2. Fees for the Evaluation: I understand that Dr. Coughlin requires a \$3,500 retainer to begin the evaluation and that all charges will be billed against this retainer. I understand that the final charge may be more than this retainer amount. I agree to replenish the retainer if it falls below \$500; the amount due will be contingent on anticipated additional expense to be determined by Dr. Coughlin. I understand that a report (verbal or written) and recommendations will not be prepared or released until all fees have been paid in full. Any unused portion of the retainer will be reimbursed upon verification that Dr. Coughlin's services will not be needed in the future. A minimum administrative charge of \$500 will be deducted from the retainer if the evaluation is not completed. I understand that the source of payment for this evaluation does not influence the results or outcome of the evaluation.

Fees for expert testimony are covered in Section 8 below.

3. Cooperation required: As a condition of this contract, I agree to cooperate with Dr. Coughlin in connection with this Mental Health and Substance Use Disorder evaluation. I understand that Dr. Coughlin may withdraw from performing this evaluation if I fail to cooperate. I agree to treat Dr. Coughlin and all other participants in this process with civility and respect and will refrain from engaging in threatening, coercive, or inappropriate behaviors that would be disruptive of the evaluation process. I also agree to cooperate with Dr. Coughlin by providing her with the information that she reasonably believes to be necessary for the purposes of completing this evaluation, including (but not limited to) the following:

- a. Interviews: I understand that Dr. Coughlin may conduct interviews with me, current and past treating professionals, and with other people that know me. I agree to cooperate with any such interviews with the understanding that these may take place at Dr. Coughlin's office, via telephone or videoconferencing (e.g. Skype or Zoom).
  - b. Collateral Information: I understand that Dr. Coughlin may need to contact individuals who have knowledge of me; for example: mental health professionals, healthcare providers, friends, relatives, coworkers, law enforcement agencies, and other third parties. I will identify these people, if requested to do so by Dr. Coughlin, and agree to sign authorizations allowing for the release of information from the individuals .
  - c. Drug and/or Alcohol Assessments: I agree to complete drug or alcohol testing requested by Dr. Coughlin. I understand that this testing may occur at an independent laboratory. I agree to be responsible for the cost of any required drug or alcohol testing. I agree to complete the specific testing requested within the time frame required.
4. Review of findings and report: I understand that when Dr. Coughlin completes her testing interviews, and review of records, she may contact my attorney to schedule a conference to discuss her impressions and recommendations prior to completing a written report. I authorize Dr. Coughlin to discuss with my attorney any information gleaned from her evaluation. I authorize my attorney to request Dr. Coughlin provide additional service to review medical and legal records.
5. Cancellation fees/no show policy: I understand that if I cancel an appointment with Dr. Coughlin with less than 24 hours' notice, I will be charged the amount of \$250, representing the cost of the full appointment time.
6. Conversations/consultation with other providers: Dr. Coughlin may occasionally find it useful and beneficial to consult with other professionals in the field for the purpose of case consultation. These other professionals are legally bound to keep any information provided them confidential. During these consultations, Dr. Coughlin will not reveal any information that may directly, or indirectly, identify me unless I provide authorization for her to do so. Any consultation with other mental health professionals will be noted in the evaluation file.
7. Copies: I understand that any documents copied by Dr. Coughlin will be charged to the party providing or requesting them at \$1.00 per page.
8. Court appearances: I understand that Dr. Coughlin will testify regarding her findings and recommendations only under subpoena. I understand and agree that Dr. Coughlin's fee for a Court appearance or deposition is \$350 per hour. In the event that Dr. Coughlin is subpoenaed to testify, the party issuing the subpoena is required to pay a minimum deposit of \$1750, (one hour travel, 2 hours' testimony, plus 2 hours' preparation time.) Deposits for additional testimony and/or availability greater than two hours will be adjusted at the rate of \$350 for each additional hour. To ensure Dr. Coughlin's availability, the subpoena and a check for \$1750 must be

provided no later than ten (10) full business days prior to the Court date. As much advance notice as possible is greatly appreciated. Cancellation of the Court appearance or deposition without sufficient (48 hours) notice will result in forfeiture of 50% of the retainer. Cancellation of a court appearance or deposition with less than 24 hours' notice will result in a forfeiture of the entire retainer.

- 9. Mandated reporter: I understand that, as a Licensed Mental Health Counselor, Dr. Coughlin is considered by state law to be a mandated reporter. She is therefore obligated to report to the proper authorities any evidence of physical or sexual abuse or neglect of minors, elders, or vulnerable adults; or any direct threat to harm oneself or another person.

CONFIDENTIALITY

I understand that the information that Dr. Wendy Coughlin requires from me is for the purpose of a Substance Use Disorder evaluation. I understand and agree that all information I provide her may be used in her evaluation, recommendations, and report, which in turn may be provided to my attorney and to the Court and, to that extent, I understand that the information I provide to Dr. Coughlin will not be considered confidential.

I have received and read a copy of this contract, and I have discussed the provisions of this contract with my attorney.

Dated: \_\_\_\_\_

(Signed) \_\_\_\_\_

(Print) \_\_\_\_\_