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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.

TRAINING AND LICENSURE

I have a Psy.D. in Clinical Psychology earned in October 2005 from the Washington School of Professional Psychology, Argosy University and am a licensed Clinical Social Worker by Washington State (LW00005939). My expertise is in the assessment of the psychological consequences of trauma, abuse, victimization, harassment and discrimination.

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 consent to release information to that attorney and/or their agents (i.e., 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 possible during this assessment. Concealed information is potentially far more damaging

than if it were 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 in order to 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 obliged 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 tape recorder at any time. However, I cannot be responsible for the accuracy of my reporting of any information that you give me when the tape recorder is not running. In addition, I cannot base my opinions primarily on anything you say when the tape 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 tape.

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; you will be informed if I plan to take that step. If I learned that you were likely to harm another person, I must by law inform that person and the authorities. I will inform you if I am to take that step.

FEES

My fee for any work that I do of a non-testimonial nature, (for example, assessment interviews, test scoring, reading records, talking with the attorney, report writing) is \$400/hr. My fee for any kind of testimonial work, including any time I spend traveling or waiting to testify, is \$400/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 \$4,000/day for whatever work I do of less than eight hours in place of the hourly rate, plus reasonable travel expenses. I 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 you 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.

Signature: _____ Date: _____

Address: _____ Phone: _____