

Pediatric Care Specialists

Behavioral Health Services

865 Eisenhower Blvd. Johnstown, PA 15904

Phone: (814) 266-8840

Fax: (814) 266-4922

COURT TESTIMONY POLICY AND PROCEDURE

Pediatric Care Specialists Behavioral Health Services are available to provide expert testimony in court related matters when deemed necessary by the therapist and or the Court

The fees below are based on an hourly rate, excluding the escrow amount. These fees include preparation time, in court testimony (from the time the provider leaves the office until they return), and phone testimony set by the hour in advance.

<u>Classification</u>	<u>Escrow</u>	<u>In-Court Testimony</u>	<u>Phone Testimony</u>
Psy.D/Psychologist	\$1500.00	\$250.00 / hr	\$200.00 / hr
Master Level Licensed	\$750.00	\$200.00 / hr	\$150.00 / hr
Master Level	\$500.00	\$150.00 / hr	\$100.00 / hr

**Should court appearance not be necessary, our therapists are able to submit a one-page summary at request for a fee of \$ 100.00 / patient.

Listed below are the procedures that must be followed and in place **no less than 20 days** prior to the set court date, to allow proper time to rearrange the providers schedule.

- 1.) **Escrow amount paid in full** made payable to Pediatric Care Specialists
- 2.) Service of a **court subpoena** (signed by a judge)
- 3.) **Signed releases** of all legal guardians authorizing the release and disclosure of confidential information to comply with HIPPA. (Please note that **patients over the age of 14** are their own consenting party for Out Patient Mental Health and must consent to the release and disclosure of their information. Please refer to **PA act 147**)

In the event of a cancellation, Pediatric Care Specialists will refund 50% of the escrow provided notice of cancellation is greater than 7 (seven) days prior to the hearing. If the cancellation is less than 7 (seven) days of the hearing, Pediatric Care Specialists will refund 25% of the escrow. The unreturned portion will remain with Pediatric Care Specialists to cover the loss of income and related expenses.

****If the requests above are not met, our providers WILL NOT testify.****

We DO NOT specialize in custody evaluations or make recommendations regarding parenting. At no time, will your therapist provide a final opinion or determination regarding custody arrangements for your child(ren)

My signature indicates that I have been made aware of this policy.

X _____ **Date:** _____