



ADVANCED PSYCHOTHERAPY SERVICES  
Beth Ann Woyshville M.Ed., LPCC  
28916 Euclid Ave. Wickliffe, OH 44092 (440) 554-2947  
bethwoyshville@gmail.com

### FEES FOR COURT APPEARANCE

#### Fees for Court Preparation and Appearance

Please note that my fee, and the fee of any clinician representing you at Advanced Psychotherapy Services, to appear in court is at a rate of \$250 per hour, with a minimum of 4 hours per in court appearance. In the event that I, or any treating clinician at Advanced Psychotherapy Services receive a subpoena to appear in court to testify on the behalf of you, your child, or any other family member, there will be a minimum fee of \$1,000. I do not voluntarily testify in court cases. Other fees include; \$225 per hour to prepare records for submission to court, \$225 per hour for depositions and phone contacts (billable in 15 min increments), and all attorney costs incurred by therapist as result of legal action. If a subpoena or notice to meet attorney(s) is received without a minimum of a 48-hour notice, an additional \$250.00 express charge may be applicable.

Note that this fee is payable 72 hours prior to your court date. Since I, or any clinician providing testimony in your court proceedings, will be required to clear my/their calendar of all appointments and prior engagements so that I/they may be available to appear in court, this fee is non-refundable. If your court date is postponed and I/they must again clear my/their calendar to attend court, you will again be charged the full fee, unless otherwise put in writing by me, outlining a different rate due to considerations made due to special circumstances. If your court date is cancelled this fee is non-refundable. No further appointments will be scheduled until this fee is paid in full. If this payment is not paid in full within one calendar month, it will be brought to collections, unless I have put into writing a different arrangement with you, the patient, prior to the date of proceedings.

#### Divorce/Custody Cases

Please be advised that, if I receive a subpoena to testify in a divorce/custody case, I will not make a custody recommendation, or a recommendation of where a child should live, nor will I make a determination as to one's fitness as a parent.

Confidentiality

Your rights to privacy and confidentiality are important to me, and I work hard to protect them. There are also laws in place to protect you. Please note there are situations during court and legal proceedings where they may be compromised. Examples of this include you waiving confidentiality by agreeing to disclosure the client's mental health records in a lawsuit for emotional distress; your decision to pursue a lawsuit where the client's mental or emotional condition is relevant or critical; if the client's records are requested by a valid subpoena or court order. It is your responsibility to learn how your confidentiality and privacy may be compromised as a result of legal or court proceedings.

Non-Payment

If you have not paid your court-related fees and do not respond to my attempts to contact you and work out a payment plan, I have the option of using legal means to secure the payment. This involves hiring a collection agency or going through small claims court. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due. A late fee of 20% of the unpaid balance will be charged each month that a balance remains unpaid.

Clients Statement of Agreement

I have read this notice and fully understand the statement. I agree to pay the full fee of \$1,000 minimum retainer, at least 72 hours in advance, for any court appearance this therapist may need to make on behalf of myself, my child, or any other family member. I understand that the billable rate after the minimum of four hours is \$250.00 per hour. I understand that my therapist is not responsible for the outcome, or any judgments made, regarding my court case.

Client/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Please Print): \_\_\_\_\_

Therapist/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist/Witness Name (Please Print): \_\_\_\_\_