Paul D. Connor, Ph.D.
Neuropsychological Assessment Services
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PRACTICE DESCRIPTION and RETAINER AGREEMENT
CRIMINAL FORENSIC SERVICES

Description of Practice

I am a clinical neuropsychologist. I maintain a private practice for the provision of adolescent and adult clinical and forensic neuropsychological services for functional neuropsychological assessment and testimony involving a variety of neurological conditions.

Education and Experience

I have a Ph.D. in clinical psychology with a specialty in neuropsychology from Brigham Young University. I am a licensed psychologist in the states of Washington and Oregon. My license number in Washington is PY00002050 and my license number in Oregon is 2479. Licensure by the state means that I have received a doctoral degree from an accredited university, passed a national written examination and passed a state based law and ethics examinations.

For over 13 years I conducted research into the damaging effects of prenatal alcohol exposure on both the structure and function of the brain. This came in the form of a post-doctoral fellowship at the University of Washington's Fetal Alcohol and Drug Unit between 1995 and 1999, as a research faculty member from 1999 to 2008, and as a clinical faculty member since 2008. Since 2007 I have been in private practice providing neuropsychological assessments to individuals with a variety of neurological conditions in both clinical and forensic settings.

Fees and Payment

My fee is $325 per hour for all criminal forensic services, which includes, but is not limited to, client and collateral interviews, neuropsychological assessment, record review, telephone calls, letters, reports, travel time, testimony preparation, and testimony. I prorate time to the next highest quarter hour. Out-of-pocket expenses are billed as incurred.

Missed Appointments

Appointment times are reserved in advance, and I request a minimum of 48 hours notice if the appointment needs to be cancelled or changed. Appointments missed or canceled without sufficient notice will be billed at the full fee, but in unusual cases may be waived in whole or in part. Please leave messages regarding a need to change appointments on my office voicemail at: (206) 940-1106.

Late Payment

Payment is due when billed. Any accounts not paid within 30 days will accrue interest charged on the outstanding balance at a rate of **10% per annum** from the date of the account until paid in full.

Emergencies and Coverage

A neuropsychologist conducting assessments either in a forensic or clinical arena (like myself) does not establish the typical Doctor-Patient relationship. Should an examinee experience a crisis or emergency, he/she is referred to a mental health or medical provider. To reach me during non-business hours, please call 206-940-1106.

Confidentiality

Forensic *consultation*, which may include services up to and including a full evaluation and confidential report, are considered work-product privileged communication for the attorney only. Forensic *evaluations*, on the other hand, are typically conducted for the purpose of generating a report that may go to the court as well as counsel for both sides of a matter. Thus, the nature of confidentiality in a forensic neuropsychological examination may be considerably different from the confidentiality provided by a treating or clinical psychologist. We have discussed this issue and agree that the current matter is considered: **forensic consultation** (i.e., confidential) until and unless we both agree that the results may be disseminated to a specified third party. Notification regarding this issue, including the likely recipients of the finished report, will be provided to the examinee prior to the initiation of any evaluation.

I am a licensed psychologist and like all practicing psychologists, certain circumstances may require me to intervene for the safety of the examinee and/or others. In particular, if the examinee is a danger to him/herself or others or if there is abuse of a child, developmentally disabled person, or dependent adult, I may be required to warn the person(s) in danger, and/or contact appropriate authorities.

Because I frequently work with a team of experts when conducting neuropsychological evaluations in a forensic context, I reserve the right to consult with students and interns involved in forensic and neuropsychological training, support staff, and other consultants germane to the case.

Agreement

Should you not agree with any of the terms above, please do not hesitate to contact me to discuss your concerns or the special circumstances of the assignment. Furthermore, please feel free to cross out, date and initial any items that do not apply to our working arrangement, accompanied by a signed addendum. My date of engagement in any matter is considered to be the date on which I was first contacted. Either party may terminate the expert-client relationship at will.

Your signature below indicates that you have read this document, understood its contents, agree to the terms, and accept responsibility for payment of fees. You have been sent two copies of this document. Please sign and date both and keep a copy for your files. If you have made changes or amendments, I will sign the document and send a copy or fax back to you.

Name Title/Organization

Signature Date

Paul D. Connor, PhD Date