

CONFIDENTIALITY

Ethical principles, New Jersey Board of Psychological Examiners regulations, statutes, and case law mandate that what transpires in therapy sessions between the therapist and you (or your child) is held in strict confidence. In general, only with your written permission can any requested information be released, and only to the individual or agency specified by you.

In addition, there are certain other specific **exceptions to confidentiality**, These are:

1. if Dr. Silikovitz believes that you are threatening serious bodily harm to another individual
2. if you threaten to harm yourself
3. if Dr. Silikovitz believes that a child, an elderly person, or a disabled person is being abused or neglected
4. if there is a legitimate subpoena or court order that requires the release of Dr. Silikovitz's records
5. if Dr. Silikovitz is required to testify in a judicial proceeding
6. **if Dr. Silikovitz reports to a specified individual or agency the results of a psychological evaluation**

AGREEMENT TO TERMS

Client(s) _____

Ronald G. Silikovitz, Ph.D.

Date _____ [Rev. 3/19]

Ronald G. Silikovitz,
Ph.D.
Director

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**Custody/Parenting
Time or
Termination of
Parental Rights
Forensic
Evaluations**

Ronald G. Silikovitz, Ph.D.

RONALD G. SILIKOVITZ, Ph.D.

agrees to

- evaluate
- provide consultation for
- provide expert court testimony for

_____ as per the request/order of _____

_____ for this _____ evaluation.

He will conscientiously attempt to provide necessary and appropriate services within the scope of his expertise.

FEES

A written, comprehensive fee schedule for psychological services is available upon request. The payment due for forensic services provided by Dr. Silikovitz will be \$350 per hour.

A fee of \$175 will be charged for an appointment not kept and not canceled at least 24 hours in advance (for **time reserved**).

_____ is responsible for the payment of Dr. Silikovitz's fees for this forensic service. Documentation will be provided regarding dates, procedures, and charges for services provided.

The initial **retainer fee** is to be negotiated. If the retainer fee is not fully used, Dr. Silikovitz will remit any overpayment when Dr. Silikovitz, the court, and/or both parties stipulate that his services are complete. If and when charges exceed the retainer, I agree to remit immediately to Dr. Silikovitz additional retainer fees as negotiated. A delay in payment of fees may result in a suspension of Dr. Silikovitz's forensic services until such time as payment is current.

Dr. Silikovitz reserves the right to collect these payments in accordance with the law.

Forensic evaluation services are not medically necessary and may not be reimbursed by one's insurance carrier or submitted for insurance reimbursement.

EVALUATIONS

Psychological evaluations will be scheduled by Dr. Silikovitz. Specific referral questions will be addressed. Pertinent background documentation must be sent in advance to Dr. Silikovitz.

PAYMENT IN FULL IS REQUIRED PRIOR TO THE PREPARATION AND DISSEMINATION OF ANY REPORTS.

Only upon the written consent of _____, a comprehensive written report(s) of the evaluation(s) will be prepared on a timely basis and forwarded to specifically designated practitioners, agencies, attorneys and/or courts. Only on the written release of the referring individual or agency I am entitled to a copy of the report(s). Each psychological evaluation is carried out in an objective, impartial, and fair manner.

Findings and recommendations will be based on the objective interview, test, and observational data gathered and may or may not support outcomes desired by any particular party.

In a custody/visitation or protective services evaluation, the child's best interests will be the focus. Whenever possible, efforts may be made to assist the parties in resolving issues.

COLLATERAL SERVICES

Fees will be charged, payable in advance, for preparation of reports, attendance at case conferences, extensive telephone or e-mail contacts, and expert witness testimony. If testimony is ever required on your behalf, the fee will be \$350 per hour, including travel time, waiting time, and time testifying. I shall authorize in advance any other fees for collateral services to be rendered by Dr. Silikovitz.

In the event of a subpoena, requiring Dr. Silikovitz's presence at a deposition or in court, the party serving the subpoena is responsible for a retainer fee to be negotiated.

APPOINTMENTS

Appointments are made in advance. Each session will be 45 minutes in duration. I agree to (1) keep all appointments on a prompt and timely basis, (2) give at least 24 hours notice if a appointment cannot be kept, and 3) contact Dr. Silikovitz immediately in order to reschedule missed appointment.

DUAL RELATIONSHIPS PROHIBITED

If Dr. Silikovitz has been a treating therapist for an party or child who is part of a custody/parenting tim evaluation or a termination of parental right evaluation, he shall not assume the role of evaluator or parenting coordinator.

If Dr. Silikovitz has performed as an evaluator in such a case, he may subsequently function as therapist, but he shall no longer be permitted to serv as an evaluator.

ANSWERING SERVICE

After office hours, I may contact the answerin service by calling (973) 736-2424 or (908) 354-0733. All after-hours calls are immediately referred to Dr. Silikovitz on his pager. I shall leave my name, phon number, and a brief message. Whenever Dr. Silikovitz is on vacation or out of the office for a extended period of time, the answering service wil have explicit instructions regarding backup an emergency coverage.

DISCLOSURES

Dr. Silikovitz will provide full information to th parties regarding the purpose, procedures of th evaluation and of the assessment and interview techniques that he will be using in the evaluation.