

**Tariq M. Ghafoor, M.D.**

**Adult, Addiction, Child/Adolescent, & Forensic Psychiatry**

**Forensic Informed Consent & Consultation Contract**

This Forensic Psychiatric Evaluation is being conducted at the request of

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and is therefore different than other typical/traditional psychiatric services. It is important for you to understand how a forensic evaluation differs from more traditional psychiatric evaluations and encounters.

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about how you are functioning (have functioned in the past or are likely to function in future) psychiatrically to the individual or agency requesting this evaluation.

In most cases, this evaluation is intended for use in some type of legal proceedings. As such, the confidentiality of the evaluation and related findings are determined by the rules of that legal system. If your attorney has requested this evaluation, he/she will receive a copy of my report and will control how it is to be used and who has access to it.

Normally, the results of a forensic evaluation requested by an attorney are protected by the attorney-client privilege. Exceptions to this might include a determination on my part that you are dangerous to yourself, to another person or if you reveal information that a minor child has been abused. I would also have to release this information if a court orders me to do so. There may be other examples where the laws require me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis.

Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will probably be admissible into evidence as well as any other information that was provided concerning your mental health and functioning. If you have any concerns about the use or distribution of my report, you should discuss these issues carefully with your attorney.

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If someone other than your attorney requested the evaluation, that individual or agency is my client and has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that retained my professional services or when I am legally required to do so.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You also have the right to stop the evaluation at any time. There may be legal consequences if you stop the evaluation; therefore, it would be in your best interest to consult with an attorney before doing so. In addition, if appointments are not kept or are cancelled before 48 hours of the appointment time, the person or entity paying for this evaluation will incur charges for the unused time that has been set aside for these services.

The evaluation itself generally consists of personal psychiatric interview(s) and review of other related materials such as court records, depositions, transcripts, medical records, etc. In addition, it may be necessary for me to request further evaluation/testing and refer you to a qualified professional for this. I may also conduct telephonic/personal interviews with other individuals if I feel their input would be helpful in completing this evaluation.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if at any time you need a break from the evaluation, please let me know and we will stop. Once the evaluation is completed, and with the permission of the requesting party, I may be able to have a meeting with you to explain the results and answer any questions you might have.

I have read and agree to the above:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_