

**Amy Sheinberg, Ph.D.**

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**AGREEMENT CONCERNING PSYCHOLOGIST’S TESTIMONY AND RECORDS**

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This agreement (“Agreement”) is made between Amy Sheinberg, Ph.D. (“Psychologist”), and \_\_\_\_\_ [the “Client”], this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in order to state certain conditions under which the Psychologist will provide professional mental health services for the Client. In the event that this Agreement is signed after treatment of the Client has begun, the Client agrees that this Agreement shall be treated as if signed and effective immediately prior to the first day of treatment of the Client.

**TESTIMONY**

The Psychologist has determined, and the Client agrees, that the Client’s emotional health and need to know the sessions are confidential outweigh the need for the Psychologist or her records to be available for any current or future litigation concerning the Client. The Client agrees that he/she will not require the Psychologist to testify (deposition, courtroom testimony, or otherwise), concerning Client’s treatment in any current or future litigation. Further, the Client will not request or subpoena the records of the Psychologist concerning her treatment of the Client for use in any current or future litigation.

In the event Client attempts to subpoena the Psychologist or her records, Client agrees to pay all costs and attorney’s fees incurred by the Psychologist, including fees for her time in defending any attempt to defeat this Agreement and force her to testify or produce her records. In the event the Psychologist’s deposition is taken, whether by court order or otherwise, the Client agrees to compensate the Psychologist for 8 hours of her time, regardless of the length of the deposition (unless it lasts longer than 8 hours), at an hourly rate of \$600 per hour. The \$4800 deposition fee will be paid in advance of the commencement of the deposition. The Client further agrees that any deposition of the Psychologist will take place in Dallas County, Texas at a location of the Psychologist’s choosing, on a date convenient with her work and personal schedule.

Additionally, the Client shall also compensate the Psychologist’s attorney of her choosing for his/her time in defending this Agreement, and contesting the Client’s right to request a deposition and/or records, including but not limited to motion drafting and hearing attendance, deposition preparation time, actual time in the deposition, courtroom testimony preparation time, and actual time spent presenting and defending the Psychologist in court, all at the attorney’s then-prevailing hourly rate. Payment of the Psychologist’s attorney’s fees shall be made upon presentment of same.

The Client acknowledge that:

- the Psychologist’s testimony will in no way be influenced by the fact that the Client is paying the fee; and
- The Client understands that the Psychologist’s testimony may be prejudicial to the Client’s legal position.

The Client acknowledges and understands that litigation is time-consuming and takes up the Psychologist’s time that could otherwise be applied to treating the Psychologist’s other clients. Thus, the Client further agrees to compensate the Psychologist for her time spent (1) reviewing records in preparation for any hearing, deposition, or trial; and (2) in responding to any written discovery requests. Time for the aforementioned will be billed separately to the Client at the same \$600 hourly rate.

**RECORDS**

Should production of records be requested, the Client understands that the following applies for document production:

- The Psychologist will produce records only if Court-ordered (subpoenas for same will be challenged);
- The Client agrees to pay the full amount of the fees listed in the following section;
- The Client understands that the Psychologist’s records will in no way be influenced by the fact that the Client is paying the fee; and
- The Client understands that the Psychologist’s records may be prejudicial to Client’s legal position.

The fees to be paid and received in full prior to the Psychologist’s production of the records are:

- a. One (1) hour (\$600) of preparation time for review and gathering of clinical records and supporting documents;
- b. If a summary of such records is requested, time spent preparing the summary will be charged at the rate of \$600 per hour;
- c. An administrative fee of \$0.50 cents per page for any records copied and produced;
- d. Any time spent preparing responses to any written discovery requests will be charged at the same hourly fee rate (\$600) noted above; and
- e. Any time spent by the Psychologist’s attorney, at his/her hourly rate at the time the work is performed, in reviewing and/or objecting/responding to the records requests or other written discovery requests.

The reason the fee is paid up front reflects the reality that the Psychologist could not go into Court with the Client owing a large bill. This would leave the Psychologist open to a question as to whether the financial situation had influenced the Psychologist’s judgment. This is not an acceptable situation for the Client and the Psychologist will adhere strictly to this policy.

The Client further acknowledges that mental health professionals have a duty to deny access to the Client’s records if the professional determines that release of said records would be harmful to the Client’s physical, mental, or emotional health and therefore the Client may be denied access to information concerning treatment of the Client if such a determination is made by the Psychologist. [I thought about deleting this paragraph, unless it is true/enforceable]

This Agreement has been explained to the Client; the Client has been given the opportunity to have it reviewed by counsel of Client’s choosing; the Client agrees that this Agreement was mutually negotiated between Client and Psychologist and shall not be construed against any signatory hereto; and the Client agrees to abide by this Agreement and has received a copy of this Agreement.

Date: \_\_\_\_\_ Signature of Client \_\_\_\_\_

Printed name of Client \_\_\_\_\_

I have reviewed this Agreement with the Client prior to Client’s signing this Agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Psychologist: \_\_\_\_\_

Amy Sheinberg, Ph.D.