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## Policy on Consultation in Legal Matters

During the course of my treatment at Virginia Integrative Psychiatry PC, I may request Dr. Nagaraja and/or his staff to consult with my attorney(s), another party's attorney(s), court personnel, guardians ad litem, or law enforcement officials regarding my mental health treatment. I may also request that Dr. Nagaraja provide testimony in either court or administrative proceedings regarding my mental health treatment. In the event I make such a request, I agree to the terms listed below regarding these services:

1. I agree to provide Virginia Integrative Psychiatry PC with a signed release specifying with whom Virginia Integrative Psychiatry PC and/or Dr. Nagaraja can share information, and the nature of the information that will be shared (unless the information is requested pursuant to a lawfully issued subpoena).
2. If the information is requested pursuant to a lawfully issued subpoena, I agree to hold Virginia Integrative Psychiatry PC harmless for providing such information to the requestor.
3. I agree to be billed at a rate of \$250.00 an hour (in 10 minute increments) for any of the following services provided by Virginia Integrative Psychiatry and/or Dr. Nagaraja relating to any request for information regarding my mental health treatment:
  - a. Researching the nature of the request or case matter giving rise to the request and the relationship to my mental health treatment;
  - b. Telephone conferences with attorneys, court personnel, law enforcement officials, or other parties regarding the nature of the request or case matter giving rise to the request;
  - c. Travel time related to appearances at court or administrative proceedings relating to the request for information or nature of my mental health treatment;
  - d. Time related to appearances and/or testimony offered at court or administrative proceedings relating to the request for information or nature of my mental health treatment; and
  - e. Preparation of written reports relating to the request for information or nature of my mental health treatment.
4. If requested, I agree to pay a retainer of \$500.00 for services provided by Virginia Integrative

Psychiatry and/or Dr. Nagaraja regarding any request for information regarding my mental health treatment.

5. I agree to be billed in accordance with Virginia Code §8.01-413 for copies of my treatment and/or mental health treatment records produced by Virginia Integrative Psychiatry and/or Dr. Nagaraja pursuant to either my request or any request or subpoena for records made pursuant to Virginia Code §§ 32.1-127.1:03 and 8.01-413.

6. I understand these legal services provided by Virginia Integrative Psychiatry PC and/or Dr. Nagaraja are not covered by any health insurance I may have. I agree not to submit a claim or request Virginia Integrative Psychiatry PC to submit a claim, on my behalf, to any health insurer for these legal services.

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PATIENT'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE