

RANDALL V. SELLERS, MD

ADULT PSYCHIATRY *

CHILD & ADOLESCENT PSYCHIATRY *

FORENSIC PSYCHIATRY *

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Understanding regarding Forensic Examination

I, _____, the person who has signed at the bottom of this letter, agree to have an examination by Dr. Randall Sellers. The examination will consist of one or more personal interviews. Dr. Sellers has explained to me, and I understand, the following:

- Dr. Sellers is a physician and a psychiatrist. I understand, however, that he is not acting as my physician or psychiatrist in doing this interview or interviews. I also understand that I am not his patient in connection with or because of this interview or interviews. Dr. Sellers will not give me any medical or psychiatric treatment, nor will he suggest any treatments to me or for me. During this interview or interviews, I will be asked a number of questions about myself, most of which will be very personal. I agree to be interviewed. Dr. Sellers will explain or has explained to me, and I understand, that I do not have to answer every one of his questions, but if I refuse to give an answer or some answers, I understand that Dr. Sellers may write that down for the record.
- I understand that Dr Sellers may refer me for psychological testing. The psychologist administering the testing will not provide or suggest any psychological treatment. I give my permission for the psychologist and Dr Sellers to discuss the results of the testing. I understand that the testing results will become part of Dr Sellers report and / or testimony.
- I understand that I should be as honest as possible when responding to questionnaires, psychological testing (if any), and interview questions. I understand that information that is withheld, incomplete, wrong, or misleading may be damaging to my interests. Should Dr Sellers fail to ask about information that I believe is important, I will bring this to his attention. Should he ask any question that I do not understand, I will ask him to explain the question. I understand that I can take breaks if I want to at any time during Dr Sellers' interview or interviews
- I understand that additional repeat, "follow-up," or "update" interviews with Dr Sellers may be needed and agree to them; and I understand they will be part of the same examination and follow all the rules above.
- I agree to furnish or give Dr Sellers consent to obtain all documents requested. These may include Court-related documents such as divorce decrees, prior hearing transcripts, pleadings, deposition testimony, reports from other experts, etc., medical records, psychotherapy records, drug and/or alcohol abuse treatment, or cover educational areas, prior psychological evaluations, child neglect or sexual and/or physical abuse, criminal behavior, employment, financial, etc.
- I understand that if I disclose certain types of special information to Dr. Sellers, he may be required or permitted to communicate this information to other people. As previously discussed with Dr. Sellers, examples of such special information include reports of child or elder abuse and threats to kill or violently attack specific persons.

- I understand that medical / health insurance does not routinely cover evaluations undertaken for legal / nonclinical matters. I understand that Dr Sellers will not file or complete any forms for insurance.
- I understand that the results of this evaluation are private and confidential to the extent that Dr Sellers may only release the results to the entity/organization/individual requesting the examination

Singed this _____ day of _____, 200_

Print Name _____

Signed _____

Witness _____