

Dr. Christopher Barrilleaux, MATH, MSW, LCSW-BACS, DSW

Licensed Clinical Social Worker

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Psychoactive Substance Use Evaluations & Reports
Limits of Confidentiality

Most of what you discuss is considered confidential and privileged and requires your express written permission to be released to any other party. However, both federal and state **duty-to-warn** statutes require compulsory reporting of pertinent specific information which would include the following:

- At such time that you threaten your own life or someone else's life;
- When you confess to sexual activity with, or carnal knowledge of, a juvenile;
- Battery on a child, elderly person, or infirmed person in your home;
- If you are HIV-positive and have not disclosed this information to your sexual partner;
- Any and all written information subpoenaed by a court of law relative to a child custody proceeding;
- Any and all written information subpoenaed by a court of law; and failing a motion to quash on the basis of client privilege, is then ordered to be produced by a judge or magistrate.

Court-mandated evaluations are privileged to the extent your protections include everyone else except the Court that has mandated that you be evaluated. By consenting to the evaluation, you consent that such an evaluation and its findings be used by the Court for its own ends. The Evaluator may not, under penalty of law, suppress or underreport any information learned during the evaluation, even those that may do you harm should they become known.

Evaluations as part of a custody evaluation are similarly privileged to the extent that your protections include everyone else except the Custody Evaluator that you have either elected to use to make recommendation to the Court, or has been appointed by the Court to make its own determinations. It follows that any information in the report given to Custody Evaluator will be governed by the jurisdiction of the Court to which the custody process belongs.

If you are an adolescent under the age of 17, you should be advised that confidentiality is severely limited. Most everything you report, by law can be demanded from the social worker by your parent or legal guardian.

By my signature I certify that I have read and understand this policy on confidentiality.

Client Signature

Date

Fees

Evaluations (Forensic).....	\$ 200.00 per 60-minute unit hour
Evaluations (Custody).	\$ 200.00 per 60-minute unit hour
Evaluations (Therapeutic).....	\$ 160.00 per 60-minute unit hour
Narratives.....	\$ 50.00 per page, maximum \$1000.00
Court Testimony.....	\$ 250.00 per hour, maximum \$1250 per day

Billable Services include the following:

Client and/or collateral interviewing; review of records; review of substantive emails or long text messages (not those to set up appointments); substantive phone calls in excess of 5 minutes. Narratives are prepared when the client is not present and are billed at the rate of \$50 per page, maximum of \$1000.

Broken Appointment Policy

Scheduling an appointment with me means that the Evaluator reserves an interval of time exclusively for you. Intervals (lengths of sessions) may vary from client to client, but typically are either 90 minutes, 120 minutes, or 150 minutes in length. If you cannot keep your appointment, I require a 48-hour advance notice that you will need to break the appointment time or you will be charged for the missed session. This facilitates my ability to replace the slot originally reserved for you with someone else.

The penalty will have to be satisfied prior to scheduling any future appointments. Penalties will be assessed accordingly:

- 48-hour notice.....0% of fee
- 24-hour notice.....50% of fee*
- Less than 24-hour notice.....100% of fee*

*In the case that I am able to fill the vacant slot with another client, no penalty will be assessed.

Payment of Fees

An initial \$600 retainer is expected at the time of the first visit to initiate the Substance Use Evaluation. Fees which continue to accrue should be paid as the evaluation matriculates. After the retainer has been exhausted, clients may pay their fees by cash, check, Visa, MasterCard, American Express, or Discover. No draft or final report will be disseminated to any party with an unpaid balance. (*Health insurance does not apply for forensic services.*)

Authorization

I, _____, (client), authorize Dr. Christopher Barrilleaux to evaluate me for substance use issues, and mental health issues, both those articulated by me and those found upon examination. I understand that this evaluation and work products generated therefrom are confidential and privileged and protected by state and federal law, but that certain duty-to-warn exceptions do exist, and these and all others have been explained to me. I understand that if my evaluation is Court-mandated, or part of a custody evaluation, the Evaluator may not suppress any findings learned under examination; and that privilege does not apply. I understand how I am being billed, and I agree to pay my fees as they are accrued. I also understand that no draft or final report will be released until any remaining balance on my

account is satisfied. I understand that if I am a minor, my legal guardian can access some information without my consent. I further understand that my non-custodial parent also has the right to petition privileged information without my consent or that of my custodial parent. I understand my rights and responsibilities as a client.

Client Signature

Date