

RELEASE OF INFORMATION - FACT OR EXPERT WITNESS

Purpose

The purpose of this release of information is to waive any privilege associated between Mares Cares Counseling, LLC, employee(s) and client so that the therapist may disclose facts or opinions held as an observer of fact or expert in order to testify in a court proceeding pursuant to the Ohio Rules of Civil Procedure, Rule 45. Subpoena, section C(3)(c) pertaining to the person(s) identified below:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Requesting Party Information

Name of Requesting Party: _____

Case Number: _____ County: _____

Attorney Name: _____

Phone: _____ Fax: _____ Email: _____

Type of Testimony Requested

Fact Witness Expert Witness

Description of Information to be Disclosed

(Please check each item to be disclosed)

- Assessment/Diagnosis Treatment Plan or Summary
 Medication Management Information Presence/Participation in Treatment
 Psychotherapy Notes
 Other (Specify) _____

Rates (same for fact and expert witness)

Court preparation: Usual and customary rate posted online at mares-cares.com/rates.

Court appearance: Usual and customary rate x 1.25, plus mileage (\$0.625 per mile driven to/from courthouse from home or office).

Retainer (Expert Witness Only)

A \$750.00 retainer must be received at least five (5) business days prior to the court appearance date to allow sufficient time to prepare and to re-schedule existing appointments. The retainer shall be made payable to *Mares Cares Counseling, LLC*, include the requesting party's name in the memo line, and postal mailed to: Mares Cares Counseling, LLC, ATTN: Alvin Mares, 382 Arch St, Chillicothe, OH 45601.

Authorizing Party Signature

Date