

Natalie Novick Brown, PhD
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Forensic & Clinical Psychology
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**PRACTICE DESCRIPTION and RETAINER AGREEMENT
FASD EXPERT SERVICES**

Description of Practice

I am a clinical psychologist with specialized training in Forensic Psychology, Fetal Alcohol Spectrum Disorders (FASD), Developmental Disabilities, and Sexual Offender Evaluation and Treatment. I am licensed as a psychologist (PY1965) in Washington State, certified by the State of Washington as a Sex Offender Treatment Provider (FC112), and certified by the State of Washington Division of Developmental Disabilities. I maintain a private office for provision of Adult and Adolescent Forensic Psychological services, which includes:

- Functional assessment / testimony involving fetal alcohol spectrum disorders (FASD)
- Consultation to Attorneys (record review, assistance in deposing experts, selection of experts, referral for mental health services for legal clients, client preparation for the rigors of legal proceedings, and mental health aspects of case strategy)
- Parenting Evaluations for custody and dependency matters
- Psychological Evaluation for Personal Injury Cases, Fitness for Duty, and Competency to Stand Trial / Diminished Capacity / Insanity Defenses
- Psychosexual Evaluation (including federal Internet pornography cases) and Child Sexual Abuse Evaluation
- Competency, criminal responsibility, mitigation, habeas

Education and Experience

I graduated from the University of Washington in Seattle, where I did a two-year internship in forensic evaluation as part of my general clinical coursework. This was followed by a postgraduate fellowship at the University of Washington's Fetal Alcohol and Drug Unit. I subsequently completed a year of supervised post-graduate training in sexual offense evaluation and treatment, which culminated in state certification. I practiced in both the sex offense and FASD fields from that point on, providing treatment and conducting evaluations while also conducting forensic evaluations in other areas. In the late 1990s, I began conducting sexually violent predator evaluations, and in 2005, I began assessing defendants in the post-conviction phase of capital cases. I have qualified as an expert in these areas in multiple jurisdictions, including federal. I am a Clinical Assistant Professor in the University of Washington's Department of Psychiatry and Behavioral Medicine, where I consult in FASD and participate in clinical research. In 2006 I began conducting pro-bono FASD assessment for the Mental Health and Drug Courts in King County, Washington.

Fees and Payment

My fee is \$250 per hour for all forensic services, which includes, but is not limited to, client and collateral interviews, record review, telephone calls, letters, reports, travel time, testimony preparation, and testimony. I prorate time to the next highest quarter hour. I also utilize the services of an assistant whose time is billed out at \$100 per hour. Out-of-pocket expenses are billed as incurred.

I often conduct my services as part of a multidisciplinary forensic assessment team (FASD Experts). However, I bill separately as do the other members of this team.

Payment arrangements are often tailored to the particular needs of the retaining party and in special cases, fee reduction may be arranged.

Missed Appointments

Appointment times are reserved in advance, and I request a minimum of 48 hours notice if the appointment needs to be cancelled or changed. Appointments missed or canceled without sufficient notice will be billed at the full fee, but in unusual cases may be waived in whole or in part. Please leave messages regarding a need to change appointments on my office voicemail at: (425) 275-1238.

Late Payment

Payment is due when billed. Any accounts not paid within 30 days will accrue interest charged on the outstanding balance at a rate of **10% per annum** from the date of the account until paid in full.

Emergencies and Coverage

A forensic examiner (like myself) does not establish the typical Doctor-Patient relationship. Should an examinee experience a crisis or emergency, he/she is referred to a mental health or medical provider. To reach me during non-business hours, please call the office cell phone number listed in the letterhead. When I am out of town, my assistant may be reached at 206-441-7652 for faster service.

Confidentiality

Forensic *consultation*, which may include services up to and including a full evaluation and confidential report, are considered work-product privileged communication for the attorney only. Forensic *evaluations*, on the other hand, are typically conducted for the purpose of generating a report that may go to the court as well as counsel for both sides of a matter. Thus, the nature of confidentiality in a forensic psychological examination may be considerably different from the confidentiality provided by a treating or clinical psychologist. We have discussed this issue and agree that the current matter is considered: **forensic consultation** (i.e., confidential) until and unless we both agree that the results may be disseminated to a specified third party. Notification regarding this issue, including the likely recipients of the finished report, will be provided to the examinee prior to the initiation of any evaluation.

I am a licensed psychologist and like all practicing psychologists, certain circumstances may require me to intervene for the safety of the examinee and/or others. In particular, if the examinee is a danger to him/herself or others or if there is abuse of a child, developmentally disabled person, or dependent adult, I may be required to warn the person(s) in danger, and/or contact appropriate authorities.

Agreement

Should you not agree with any of the terms above, please do not hesitate to contact me to discuss your concerns or the special circumstances of the assignment. Furthermore, please feel free to cross out, date and initial any items that do not apply to our working arrangement, accompanied by a signed addendum. My date of engagement in any matter is considered to be the date on which I was first contacted. Either party may terminate the expert-client relationship at will.

Your signature below indicates that you have read this document, understood its contents, agree to the terms, and accept responsibility for payment of fees. You have been sent two copies of this document. Please sign and date both and keep a copy for your files. If you have made changes or amendments, I will sign the document and send a copy or fax back to you.

Name	Title/Organization
Signature	Date

Natalie Novick Brown, PhD

Date