

**ILDIKO TABORI, PHD**

PSYCHOLOGIST  
CA PSY19688

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**SPECIAL LITIGATION CONSENT FOR THIRD-PARTY LITIGATION**

IF I AM AN ACTUAL OR POTENTIAL PARTY TO OR PARTICIPANT IN ANY THIRD-PARTY LITIGATION AND/OR LEGAL MATTER THAT AROSE EITHER PRIOR TO THE ONSET OR WITHIN THE COURSE OF MY TREATMENT WITH DR. ILDIKO TABORI THAT DIRECTLY OR INDIRECTLY RELATES TO SUCH TREATMENT, I, \_\_\_\_\_, AGREE TO PROMPTLY NOTIFY DR. ILDIKO TABORI OF THE LEGAL MATTER.

IF IN THE CASE DR. ILDIKO TABORI, MY TREATING PSYCHOLOGIST, SHALL BE CALLED UPON TO PROVIDE ANY SERVICES DIRECTLY OR INDIRECTLY RELATED TO SUCH THIRD-PARTY LITIGATION, INCLUDING BUT NOT LIMITED TO DISCUSSIONS AND/OR CONSULTATION WITH MY OR ANY INVOLVED ATTORNEY(S) OR OTHER PROFESSIONALS, COMPILING AND SUBMITTING RECORDS, WRITING DECLARATIONS AND REPORTS, AND PROVIDING TESTIMONY AT DEPOSITION OR AT TRIAL, THEN I UNDERSTAND THAT MY DOCTOR-PATIENT PRIVILEGE WITHIN THE COURSE OF MY TREATMENT MAY BE IMPACTED AND/OR LIMITED AND/OR WAIVED.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ADVISE DR. ILDIKO TABORI AT THE ONSET OF TREATMENT OR AS SOON AS IS REASONABLE POSSIBLE OF ANY ON-GOING LITIGATION OR LEGAL MATTERS OR THE POTENTIAL OF ANY PENDING LITIGATION OR LEGAL MATTERS THAT MAY PLACE MY PSYCHOLOGICAL CONDITION, NEUROPSYCHOLOGICAL CONDITION, AND/OR MY MENTAL HEALTH INTO QUESTION.

I UNDERSTAND THAT THE HOURLY PAYMENT ARRANGEMENT ASSOCIATED WITH THE FOREGOING SERVICES WILL BE DR. ILDIKO TABORI'S HOURLY FORENSIC RATES AS LISTED ON THE FORENSIC FEE SCHEDULE.

COSTS AND EXPENSES SHALL BE CHARGED AT THEIR ACTUAL COSTS, INCLUDING INTER ALIA TRAVEL AND OUT OF TOWN EXPENSES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_