

Law Office Management Assistance Program

Disclaimer/Fee Agreement

For In-Office Visits

I, _____, have voluntarily sought the services of the Law Office Management Assistance Program ("LOMAP"). I understand that I may terminate the services of LOMAP at any time and that LOMAP reserves the right to terminate its services to me at any time.

I expressly acknowledge that the scope of advice or information given by LOMAP personnel is limited to law office management and that I am solely responsible for determining whether my law office practices comply with the Massachusetts Rules of Professional Conduct. I understand that LOMAP is a program supported by the Supreme Judicial Court and operated by the non-profit entity Lawyers Concerned for Lawyers, Inc., that LOMAP personnel are not retained as an attorney and are not rendering legal advice or legal opinions of any kind and specifically with respect to the ethics of any of my law office practices or procedures. I understand that any questions I have about the ethics or legality of my office practices should be referred to private counsel or to the Board of Bar Overseers. I understand that no advice or information given by LOMAP personnel is binding on any other organization, including the Board of Bar Overseers, and in no event does the use of LOMAP constitute a defense in any disciplinary or other proceeding.

I further acknowledge that I recognize that the suggestions and advice provided by LOMAP personnel are the personal opinions of the advisor and should not be construed to be an official position of the Board of Bar Overseers or the Supreme Judicial Court.

I further acknowledge that I understand that my participation in LOMAP will not serve as a defense against any malpractice claims that may arise against me.

I further acknowledge that the services of LOMAP are rendered on a confidential basis as noted in the Information Sheet on the reverse side, but that LOMAP personnel may disclose information if I provide a written waiver of the confidentiality or as otherwise is consistent with the Rules of Professional Conduct, Rule 1.6.

I agree to pay LOMAP a \$75 administrative fee for an in-office visit. I expressly agree to make prompt payment of any charge for services rendered by LOMAP and understand that failure to make timely payment will result in termination of services to me.

Read and signed this _____ day of _____, 20____.

Signature _____

Printed Name and Bar Number _____

Law Office Management Assistance Program.
INFORMATION FOR NEW CLIENTS

The Law Office Management Assistance Program (“LOMAP”) is funded by a portion of the annual bar registration fee. It is an independent, private, department of the non-profit corporation, Lawyers Concerned for Lawyers, Inc, whose purpose is to help attorneys, law students, and staff members with a variety of law office management issues to foster better law office management skills to deliver high quality legal services, strengthen client relationships, and enhance their quality of life. We are staffed by attorneys.

We provide the following confidential services:

- Law office management assessments and recommendations;
- Referrals to experts in areas of need; and
- Educational outreach.

There is no fee for our services provided at our office. However, minimum fees may be charged for on-site visits and such visits are strongly encouraged. Please discuss this with your advisor. We will upon request provide an analysis and recommendations. The recommendation may include making referrals to any of a variety of resources to further develop areas in which you may need additional expertise, such as accountants, software consultants, hardware consultants, and network consultants. Such experts may charge additional fees for the service provided.

CONFIDENTIALITY AND PRIVACY

Massachusetts Rules of Professional Responsibility, Rule 1.6(c) protects the privacy of communications between LOMAP and its clients and LOMAP is not required to report any perceived ethical violations to the Massachusetts Board of Bar Overseers. Under certain circumstances LOMAP will consider the release of certain information upon request by the client, but it will not make its personnel voluntarily available to give testimony for or against any attorneys seeking assistance through LOMAP. If we agree to a limited release of information outside of LOMAP the information sought will only be provided if you sign a written (revocable) authorization form. We may use information in your record to contact you (e.g., for follow-up, or to offer further services, unless you have indicated that you want no contact), or for purposes of program evaluation and to improve our services.

There are situations that can require or permit disclosure without your consent or authorization as set forth in Rule 1.6(b)(1)-(3). These situations include: (1) the prevention of a criminal or fraudulent act that is believed to result in death or substantial bodily harm, substantial injury to the financial interest or property of another, or to prevent the wrongful execution or incarceration of another; (2) if a client files a complaint or lawsuit against LOMAP or its staff, we may disclose relevant information regarding that client for purposes of defending the lawsuit or complaint, or if disclosures required to collect overdue fees; (3) to the extent necessary to rectify fraud in which the LOMAP services were used; and (4) as required by law, the rules of professional conduct, or court order

RECORDS

In keeping with our professional standards, we keep records of our assessments and recommendations. All records maintained by us will be available for your review and use subject to the confidentiality requirements of the Massachusetts Rules of Professional Responsibility, Rule 1.6(c). The information in your record may be used for purposes of follow-up contact, to suggest additional services, for reviews/studies of clinical or administrative data as part of our process of improving services or sharing our experience with other programs. Any such use of information would be presented in aggregate form with no indication of a client’s identity.