

Springfield Psychological

Court Counseling Agreement

Springfield Psychological (SP) provides court-ordered counseling but it is to clarify the role of our treatment providers and your role as consumer of these services. Your signature below indicates your agreement to these roles. When treating the parents of a child, the treatment provider's role is to support the parties in more effective communication, help clarify information, assist in better understanding of the other's perspective, explore alternatives to the conflicts presented, maintain a clear focus on the child/children at hand, and support the parties in making better decisions in regard to working together in a less conflicted manner. When treating the child directly, the treatment provider's role is to provide a safe place where the child is able to talk about any issue without concern that what he/she says will be used in any court proceedings wherein the conditions of custody are being addressed.

In the role of court-ordered counselor, the therapist does not provide recommendations or feedback to the court, and does not make decisions or direct the court in making decisions at any time during or after this process. Except in the rare situations of imminent danger to self or others, the contents of the counseling sessions must remain confidential. The contents of the counseling sessions—including any recommendations or findings—will never be disclosed to another non-treating professional such as a lawyer or officer of the court. This total confidentiality is necessary in order for the treatment session to be successful. Lastly, parents are responsible to work out any issues re payments and appointment scheduling between themselves without involving the treatment provider.

All forms must be returned to SP's intake department fully completed prior to the scheduling of the first appointment.

By signing below, I agree to the terms specified in this Court Counseling Agreement and will accept responsibility for advising my attorney of the terms and conditions agreed to within this form.

Signature _____ Date: _____

Name (please print) _____

Signature _____ Date: _____

Name (please print) _____