



## LEGAL AGREEMENT

**Dear Client:** Our therapists would like to maintain a secure and safe open door policy allowing you to share whatever information you would like during your sessions. In order for us to maintain this environment, we ask that you sign this statement in agreement that our therapists and our records regarding your sessions will not be subpoenaed. We want it to be understood at the beginning of your counseling process that the information shared with our therapists will not be used for or against you in a court of law. We do however, ask that you consult with your attorney before signing this agreement to make sure he/she has not objections to your signing.

**To Parent or Guardian:** As part of our agreement to see your child for counseling services, our therapists would like to maintain a secure and safe open door policy allowing your child to share whatever information they would like during counseling sessions. In order for us to maintain this environment, we ask that you sign this statement in agreement that our therapists and our records regarding your child's sessions as well as the accompanying parent counseling will not be subpoenaed. We want it to be understood by both parents at the beginning of the counseling process that the information shared with our therapists will not be used for or against either parent in a court of law. We do however, ask that you consult with your attorney before signing this agreement to make sure he/she has not objections to your signing.

**Our Policy:** In order for us to provide counselling services to a child, the presenting adult must have sole legal custody, shared legal custody, OR legal guardianship. By signing below you are stating that you have the legal right to consent for counseling on behalf of this child. If you share legal custody or are divorced, by signing below you are stating that you have told the other parent or will tell the other parent promptly following this session that you have brought and consented to counseling services for the child. Failure to do so may violate your court order.

**Fees:** Please be aware of the following legal fees disclosed below in the event one of our therapist or our records are subpoenaed. These charges are not covered by any insurance plan. All court counseling services, with the exception of testimony, are billed at a rate of \$150 per hour. Charges are calculated in 15-minute increments. Billable time also includes out of pocket expenses such as travel, phone calls, courier services, and in person conferences. Courtroom Testimony or deposition is billed at a rate of \$1200. Please note that in proceedings that require an hourly billing rate, this would be \$200/hour.

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Signature (or Name if not able to legally sign e.g., children)

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Date

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Signature of Guardian or Parent (if applicable)

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Date

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Signature of Guardian or Parent (if applicable)

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Date