

Child Treatment Agreement

I, _____, consent for my
Parent or Legal Guardian(s)

child, _____, to participate in therapy
Client

with Gina Borelli Moore. I understand and agree that all information, communications, observations and opinions derived from this counseling shall be considered private and confidential. I agree that neither I nor anyone representing me shall call on Gina Borelli Moore during the counseling or at any time subsequent to it to provide either written or oral testimony at deposition or in court on any issue related to custody and dissolution of marriage, nor shall I subpoena any records of Gina Borelli Moore for such purposes.

The only exception to this waiver will be in situations where the counselor is required by law to report child abuse or neglect, and threats of severe harm to oneself or others. Therefore, I waive any right, which I may have to call such person or subpoena such records in this or any dissolution action, which is or may be filed.

I further understand that I am expected to remain on-site during my child's therapy if he/she is under the age of twelve. This policy enables me to be available should his/her therapist need me during the course of the session. I also understand that under no circumstances should my child under twelve be left alone in the waiting room.

By signing below, I indicate that I have read, understood, and agree to the above.

Signature of parent or legal guardian

Date

Signature of parent or legal guardian

Date

Signature of therapist

Date