

EASTSIDE MEDIATION AND MENTAL HEALTH

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Case Management / Parent Coordination

If you are here for case management/ parent coordination please review the court order agreement for additional disclosures about my obligations and responsibilities in addition there to,

1. If you wish to have me testify in court for any reason, you are waiving your rights to confidentiality and you must sign a release of information. Please understand that this will result in my openly discussing the progress of treatment with your attorney, if and all attorneys and the court, will have access to your records. I will not respond to subpoena's to testify issued by attorneys. I will only respond to court orders to testify and only to the extent required by statute, unless you waive your right to confidentiality by signing a release.

Initial _____

2. Fees for activities such as writing reports, appearing in Court, speaking with attorneys etc. will be charged at a rate of \$25% more than my regular hourly rate for services.

Initial _____

3. Seeing a therapist in relation to a court ordered legal matter, is quite different from entering into traditional therapy, where your sessions and treatment are confidential. In court ordered situations, what happens in therapy can be helpful information to the courts; therefore the court may waive all confidentiality unless privileged under the statute.

Initial _____

4. Sometimes, however, particularly with adolescents, a therapist must maintain his/her confidentiality unless waived in writing or court ordered.

Initial _____

5. In co-parent, reunification, trauma, or family therapy, the counselor must have a written waiver from each participant upon request.

Initial _____

Please understand that there are other exceptions to your rights to confidentiality. If I, the therapist, ever believes that you are a danger to yourself or to anyone else that I have the legal obligation to facilitate whatever means necessary to maintain safety at all times. If I believe a child is being abused, I have the duty to report the danger to Child Protection Services (CPS).

I, _____, hereby acknowledge that I have read and understand the policies, the Fee Schedule, I understand that payment is due in advance or at the time of service, and that there will be a \$45 charge for all returned checks. I also understand that 48 Hour notice is required to cancel appointments, and agree that I will be charged for the appointment if I fail to provide such notice.

Signatures

Client

Date

Client

Date

Darcia C. Tudor JD, MHP, CWM

Date