



*Child and Adolescent Therapy
Treatment Agreement for Separation and Divorce*

We are bringing our child(ren) to Shared Vision Psychological Services, Inc. for psychotherapy. We understand the purpose of this therapy is to provide a neutral professional with whom our child(ren) can talk openly about personal struggles. We understand that in order for a child to benefit from these sessions, they must be private and confidential. In order to protect this confidentiality we agree to the following:

1. The sessions between our child(ren) and clinician(s) will be confidential under the rules described in the ethical standards for psychologists and social workers.
2. Neither of us will ask SVPS or the child's clinician to participate in any court proceedings regarding custody, time-sharing or other family court matters regarding our child(ren).
3. We will not submit SVPS or the child's clinician as a witness in any such proceeding, nor ask that they be subpoenaed. We understand that SVPS, Inc. will move to quash any subpoena and request legal fees for any costs involved in this attempt.
4. The primary purpose of treatment provided by SVPS is clinical evaluation and therapeutic care. Treating psychologists serve as healthcare providers rather than forensic experts. Clinicians generally do not agree to provide expert witness testimony or forensic opinions arising from a therapeutic relationship. Unless separately retained under a written agreement, clinicians do not provide opinions regarding child custody, allocation of parental responsibilities, parenting time, parental fitness, guardianship, competency, disability determinations, or other forensic or legal issues. Requests for opinion letters, affidavits, declarations, or other legal documents are evaluated on a case-by-case basis and may be declined when they exceed the appropriate scope of a treating psychologist's role.
5. We are responsible for informing SVPS of any changes in legal custody, guardianship, allocation of parental responsibilities, or court orders that may affect treatment, scheduling, communication, access to records, or consent.
6. We understand that the portal system will require us both to utilize one user identification to access our child's account. We understand all billing is completed under one sole account, and arrangements for split-fees must occur independently of our billing process.
7. If levels of conflict impair our ability to effectively collaborate for treatment scheduling and engagement, we agree to utilize an appropriate court-mediated process (e.g. Our Family Wizard, GAL, etc.) to coordinate successfully.
8. Involvement of step-parents or other partners not delineated by a parenting agreement may require legal consent prior to engagement.

9. Should we benefit greater from a consultation or care from a professional with particular expertise in high-conflict divorce or mediation, we will pursue those resources as recommended.

I agree to adhere to all outlined above:

Signature of Legal Guardian (If applicable)

Date