

GROUPWORKS WEST

“Making Connections, One Child at a Time.”

EXCLUSION OF THERAPY/SOCIALIZATION GROUPS FROM LEGAL PROCEEDINGS

WE, _____ (PARENTS OF MINOR CHILD), UNDERSTAND AND AGREE THAT ALL COMMUNICATIONS, OBSERVATIONS, AND OPINIONS DERIVED FROM PSYCHOTHERAPY OR GROUP THERAPY SERVICES WITH CHRISTOPHER MULLIGAN LCSW (HEREAFTER CLM) OR ANY MEMBER OF THE STAFF OF GROUPWORKS WEST (HEREAFTER GWW) SHALL BE CONSIDERED CONFIDENTIAL BETWEEN CLM/GWW AND US (PARENTS OF MINOR CHILD).

WE AGREE THAT NEITHER PARENT NOR ANY REPRESENTATIVE OR AGENT OF EITHER PARENT SHALL CALL UPON CLM/GWW DURING OR AT ANY TIME SUBSEQUENT TO PSYCHOTHERAPY/GROUP THERAPY TO PROVIDE EITHER WRITTEN REPORTS, NOTES, OR ORAL TESTIMONY AT ANY DEPOSITION, COURT HEARING, OR TRIAL ON ANY ISSUE RELATED TO OR ARISING OUT OF DISPUTES REGARDING CHILD CUSTODY AND LEGAL CUSTODY.

WE FURTHER AGREE NOT TO SUBPOENA ANY RECORDS OF CLM/GWW FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, USE AS EVIDENCE AT ANY COURT OR OTHER PROCEEDING. HOWEVER, SHOULD A CHILD CUSTODY EVALUATION BE CONDUCTED, CLM/GWW WILL SPEAK DIRECTLY TO THE EVALUATOR. THE CONTENT OF THIS DISCUSSION WILL NOT INCLUDE SPECIFIC CUSTODY RECOMMENDATIONS, BUT RATHER FEEDBACK ABOUT THE PSYCHOLOGICAL AND SOCIAL FUNCTIONING OF THE MINOR CHILD.

EACH OF US BY SIGNING BELOW INDICATES THAT EACH HAS READ, UNDERSTOOD, AND AGREES TO THE ABOVE.

_____ (NAME OF PARENT)

Date _____

_____ (NAME OF PARENT)

Date _____