

Agreement to Protect My Child's Evaluation/Treatment

I have asked Jacqueline Titus, Ph.D., Licensed Clinical Psychologist, to provide a psychological assessment of and/or treatment for my child. I am not seeking an evaluation for the purposes of determining custody or custody related issues. I am seeking evaluation and/or treatment for my child's emotional and psychological distress.

I have been informed by my child's therapist that in order for this help to be provided, my child must be assured that all aspects of his/her work will remain confidential. It must be made clear to him/her that information gathered and conclusions drawn by my child's therapist from interviews with my child and any other family members will not be disclosed and/or used for the determination of custody or other legal decisions.

I understand that if the confidentiality protected by this agreement were forced to be broken by me or by my assigned agent, the results could be of clear and serious detriment to the psychological and emotional well-being of my child.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____