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Debra Crowder, LPC
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Sara Goins, LPC
Ryan Smith, LPC
Ann Cotton, LCSW
Lina Ramirez, Counseling Intern

TREATMENT CONTRACT

I/we give permission for the above named therapist to provide counseling services to my child,

_____.

In providing this informed permission, I/we understand that it would impede the counseling process if the therapist and/or the clinical records are requested or required by subpoena to be presented to the Court or any attorney. Therefore, I/we agree that I/we will not request or require the therapist to testify in court matters regarding my family, nor will I/we request or require (by subpoena) that the therapist's records be presented to the Court or attorneys involved with the family. If I refuse to sign this contract, I/we understand that the therapist has a right to refuse treatment to my child with the understanding that quality service cannot be provided under these conditions.

I/we understand that this agreement may only be negated by the therapist if the therapist believes it would be in the best interest of my child to testify in Court or present clinical records to the Court.

PARENT/GUARDIAN

PARENT/GUARDIAN

THERAPIST

DATE