



**PIER VIEW
COUNSELING**

P: 760-576-5822

www.pierviewcounseling.com

AGREEMENT FOR PARENTS

I/We wish to enlist Lydia Lombardi Good, LCSW, to provide psychotherapy treatment to our child/children. I/We recognize that such treatment will be compromised if information revealed therein may subsequently be brought to the attention of the court in the course of litigation.

Accordingly, I/we mutually pledge that I/we will neither individually nor jointly invoke Lydia Lombardi Good, LCSW in any way in custody litigation. I/We will neither request nor require that Lydia Lombardi Good, LCSW provide testimony in court, either as an advocate or as an impartial. I/We will not request nor require that Lydia Lombardi Good, LCSW provide written reports of the treatment. I/We will not permit Lydia Lombardi Good, LCSW to communicate with either of our attorneys; in short, I/we will strictly refrain from attempting to involve Lydia Lombardi Good, LCSW in any future litigation that may ensue.

If the services of a mental health professional are considered desirable for court purposes, either impartial or advocate, the services of a person other than Lydia Lombardi Good, LCSW will be enlisted.

We have read the above provisions and agree to proceed with therapy.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Print Name

Print Name

Date_____

Date_____

* If one parent/guardian has full custody of child, only that parent/guardian needs to sign this form. Please provide a copy of the custody paperwork which states which parent holds full legal custody. This will be kept on record with therapist in client's file/chart.