



## Agreement Regarding Child Psychotherapy

This agreement is made between the client's parents and Rosalind Heiko, Ph.D., of Pediatric & Family Psychology, P.A. at 531 Keisler Drive, Suite 203, Cary, NC 27518. (919.858.9692). We, the parents of:

\_\_\_\_\_ understand and agree to the following:

(Please print child name here)

Each of us understands that communications between the child and the therapist are confidential, subject to the limitations specified below.

Each of us understands that certain limitations to confidentiality will apply according to North Carolina State Law in which the therapist has the duty to report information concerning suspected child abuse, which includes sexual abuse, physical abuse and neglect. The clients and Dr. Heiko acknowledge that once such allegations are reported, the therapy can still continue if all parties agree.

Each of us agrees to fill out all client forms Dr. Heiko will provide through the website under "Client Forms" and email/send them in before we schedule a meeting with Dr. Heiko, so that we are clear about client confidentiality and guidelines. Each of us understands that signing and bringing in this form is essential to that process.

Each of us understands that Dr. Heiko will inform us of the general goals and progress of treatment through joint attendance at a parent-therapist session to be scheduled with both parents together if they are named as custodial parents. Parents will be provided with a general understanding of the main content issues of the therapy. However, the child or teen is given the right to confidentiality. This means that specific issues discussed may not be communicated to the parents if it is deemed best to maintain the child's privacy or if the therapist is requested by the child to do so (that remains under Dr. Heiko's discretion).

Communication about therapy other than scheduling can only take place in Dr. Heiko's office, not through phone calls, texts or emails. Each of us as a parent understands that if we live outside of the Raleigh-Cary area, we will provide Dr. Heiko with a cellphone number, to be used in texting for scheduling purposes only. Therapy is on a fee for service basis, and the fee schedule is posted on the website [www.drheiko.com](http://www.drheiko.com). Payment must be brought to each session. Debit or credit cards may be used at the time of the appointment; but office policy prohibits using credit or debit card numbers over the phone for safety reasons. Dr. Heiko can, of course, accept check payments sent in advance of the scheduled sessions. If one of us is the noncustodial parent, that parent will respect the therapeutic relationship between my child and Dr. Heiko, and will wait for my child's readiness to engage in therapeutic conversation in a family consultation meeting, as directed by Dr. Heiko.

Dr. Heiko, through her ethical code as a psychologist and her malpractice liability attorneys' advice, is prohibited from engaging in a dual relationship as a witness in any legal custody or visitation action in court regarding our child. Her role is solely as an individual therapist for our child. She will not undertake any "reunification" therapy or other professional family therapy role as a result. She will not make custody or visitation recommendations. We agree not to subpoena Dr. Heiko as a witness in any legal action having to do with the issues discussed in this treatment. However, Dr. Heiko may be willing to discuss the therapy with a court ordered Special Master, Parent Coordinator or court ordered Custody Evaluator, to provide information and opinions that might be helpful to such a professional in determining the best interests of the child.

We understand and agree that although any previously completed evaluations, psychological summaries or reports may have been the subject of testimony or court proceedings, the psychotherapy sessions now being agreed upon shall be confidential and not made the subject of testimony or of a subpoena for court purposes to produce any written documents which may be prepared during the course of psychotherapy. We agree to this to protect the confidential nature of our child's therapy sessions and help our child progress and resolve conflicts.

Signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Rosalind L. Heiko, Ph.D., HSP-P

Date: \_\_\_\_\_