



_____ Initial

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.

I, the parent of: _____
(Please print child/teen name here)

understand and agree to the following:

I understand that communications between my child/teen and Dr. Heiko is confidential, subject to the limitations specified below. I understand that certain limitations to confidentiality will apply according to North Carolina state law in which the therapist has the duty to report information concerning serious risk to the child; such as suspected child abuse, which includes sexual abuse, physical abuse and neglect. Both Dr. Heiko and I acknowledge that once such allegations are reported, the therapy may still continue if all parties (all parents/legal guardians) agree. Dr. Heiko may non-consensually breach my child's/teen's confidentiality and inform parents and other appropriate parties of any serious harm or dangerous behaviors on the part of my child/teen which may come up during a session (e.g., such as suicidal ideation, intent to harm anyone, or cutting).

I agree to download and fill out all client forms Dr. Heiko provides through her website (www.drheiko.com) under "Client Forms", and send them by email to: info@drheiko.com or bring them in at the first time a meeting with Dr. Heiko occurs; so that I am clear about client confidentiality and guidelines. I understand that signing and bringing in this form is essential to that process.

Separation or divorce are hard on everyone, especially the children. When the parent relationship is in turmoil, it is even more important for the psychotherapy to take place in a safe, sheltered and therapeutic environment. This environment is undermined when children worry that what they say in therapy will be revealed in court, and possibly used against a parent in an adversarial way.

To protect that environment, I understand and agree that I will not involve or engage Dr. Heiko in any legal issues or litigation in which I am a party to at any time either during my child's therapy or after the therapy terminates. This would include any interaction with the Court system, attorneys, any Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system.

I also understand that Dr. Heiko, through her ethical code as a psychologist and her malpractice liability attorneys' advice, is prohibited from engaging in a dual relationship as an expert witness in any legal custody or visitation action in court regarding my child/teen. Her role is solely as an individual therapist for my child. She can not undertake any "reunification" therapy or other professional family therapy role as a result. She can not make custody

Dr. Roz Heiko

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or visitation recommendations or arrangements. I 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 Custody Evaluator representing the legal interests of my child, unless my permission as a parent or guardian is not legally required (for instance, when there is a court appointed GAL, a DSS investigation or minor's counsel), in order to provide information that might be helpful to such a professional in determining the best interests of the child.

If I believe I must violate this agreement and subpoena Dr. Heiko to testify at a deposition or a hearing, I understand and agree that I will be responsible for her forensic fees in the amount of \$1750.00 for one-half (1/2) day/ \$3750.00 for one whole day plus travel time to be paid by money order or bank check five (5) days in advance of any court appearance or deposition. Any additional time Dr. Heiko may spend for any forensic matters related to such a subpoena will be billed at the rate of \$500.00 per hour, including travel time. I understand that if I subpoena Dr. Heiko, she may elect not to speak with my attorney, and such a subpoena may result in my Dr. Heiko withdrawing as my child's therapist. I agree to work out termination sessions as determined by Dr. Heiko in such a case, for two (2) to four (4) sessions with my child.

I understand that Dr. Heiko will inform me of the general goals and progress of my child's 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 verbal 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 me if it is deemed best to maintain the child's privacy; if my child requests Dr. Heiko to keep their concerns private; or if in Dr. Heiko's professional judgment, it is not in my child's best interest to reveal such material. Dr. Heiko will make every effort to encourage and assist my child/teen to share concerns or information directly with me when appropriate.

I understand that communication about therapy other than scheduling (which may include phone calls or texting) can only take place in Dr. Heiko's office, not through phone calls, texts or emails. I agree to provide a cellphone number and an email for billing purposes through FreshBooks. Therapy is paid for on a fee for service basis, and the fee schedule is posted on the website: www.drheiko.com. I agree that payment must be brought to each session, unless other arrangements are made and agreed upon by Dr. Heiko. 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 I am the noncustodial parent, I will respect the therapeutic relationship between the child/teen and Dr. Heiko; and will wait for the child or teen's readiness to engage in therapeutic conversation in a family consultation meeting, as directed by Dr. Heiko.

I 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 will be confidential and not made the subject of testimony or of a subpoena for court purposes to produce any

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written documents which may be prepared during the course of psychotherapy. I agree to this to protect the confidential nature of my child's therapy sessions and help my child progress and resolve conflicts.

Signed: _____ Date: _____
Parent

Email : _____ Cellphone #: (____) _____

Signed: _____ Date: _____
Rosalind L. Heiko, Ph.D., HSP-P