

Addendum to Service Agreement For Child Therapy

I have asked Dr. Ellen Sachs Alter to provide psychological treatment for my child, _____ . I am seeking treatment for my child's emotional and psychological well-being. I am not requesting an evaluation for any other reason, including determining custody or custody related issues.

In consideration for Dr. Sachs Alter's agreement to provide treatment to my child, _____, I hereby agree that any and all aspects of such therapy will remain confidential; solely and exclusively for the benefit of my child, _____ and his/her parents. I further agree that any and all information gathered and conclusions drawn by Dr. Sachs Alter from conversations with my child, or any other family member, will not be disclosed and used for any legal purposes, including the determination of custody.

I understand and further agree that disclosing or discussing any information related to the treatment outside of the therapeutic setting would be a clear and serious detriment to the psychological and emotional well-being of my child, _____ . Therefore, I hereby waive any and all rights I may have to request Dr. Sachs Alter to testify in a court of law, whether in person or by affidavit. Further, I agree to instruct my attorney not to speak with or subpoena Dr. Sachs Alter or to refer in any court filing to anything Dr. Sachs Alter has said or done.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____