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Client's Name: _____ Client's Date of Birth: _____

Parents' Names: _____

CONSENT AND CONTRACT FOR CASES INVOLVING DIVORCE OR SEPARATION

Although my responsibility to your child may require my involvement in conflicts between the two of you (parents), I require your agreement that my involvement will be strictly limited to that which will directly benefit your child within the boundaries of the therapeutic relationship. This means, among other things, that you will treat anything that is said in therapeutic sessions with me as strictly confidential. You agree that neither of you will attempt to gain advantage in any legal proceeding between the two of you from my involvement with your child. In particular you agree that in any such proceedings neither of you will ask me to testify in court, whether in person or by deposition or by affidavit. You also agree to instruct your attorneys that they may not subpoena me or refer in any court filing to anything that I have said or done in regards to the evaluation or treatment of your child, or in regards to the context of meeting with you separately or jointly.

Note that such agreement may not prevent a judge from requiring my testimony, though I will exert all effort to prevent such an event. If I am compelled to testify by court order, you understand and agree that I am ethically bound to not give my opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide factual information as needed, if appropriate releases are signed and a court order is provided, but I will not make any recommendations about the final decision regarding custody or custody arrangements. Furthermore, if I am required to appear as a witness, the party responsible for my court ordered participation agrees to reimburse me at the rate of \$500 per hour for time spent traveling, preparing reports or testimony, testifying, being in attendance (waiting time), and any and all other case-related costs and expenses. I understand and agree that payment of this hourly fee, for which I am responsible, also applies to any and all time required to meet or confer with any/all court appointed advisors, evaluators, or other officials acting at the behest of the court.

Your signatures below indicate that each of the parents has read and fully understands the information and provisions in this document and agrees to be bound by and abide by all of its terms during the entire time of my professional relationship with your child.

My signature below indicates that I have received and understand all the above information and provisions, and that I have been given a copy of this form for my records.

Signature of Parent/Guardian Date: _____

Signature of Parent/Guardian Date: _____

Signature of Clinician as Witness Date: _____