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Agreement for Confidentiality of Individual Treatment

I understand that it is Dr. McLaine's role to provide therapeutic services so that I might feel better and/or improve my functioning, especially as it relates to my family. Dr. McLaine's role is not intended to gather information for the courts or to make judgments related to my family.

Therefore, I agree that I will not call upon Dr. McLaine to provide treatment records or to testify in a future divorce or custody action. I understand that courts can appoint professionals who have had no prior contact with my family to conduct independent evaluations and make recommendations to the court.

I understand that it is Dr. McLaine's policy to have no court involvement in my case because that could harm our professional relationship and the ability to achieve my goals. My goals include resolving personal concerns so that I might preserve my marriage and/or be a better parent. Since I need to speak freely, if applicable, my spouse is also agreeing never to ask Dr. McLaine to testify or to submit records of my treatment in court.

By signing this form we are both agreeing not to use any of my therapeutic intervention records or testimony in any future court proceedings. We recognize that this is not a legally binding document but sign in good faith.

Signed: _____ Date _____

Signed: _____ Date _____