

Communication Agreement

In order for _____ (client's name) to have the most effective therapy experience possible, and for therapy time to have its main focus on the best interest of the child, I agree to the following by initialing after each item and signing full name below:

Therapist holds a **'no secrets' policy**, which means that all communication directed to me will be relayed/copied to the other parent. Therapist asks that parents choose a means of communication that works best for both of them (email or other) and communicate with the therapist in this manner, making sure to include the other parent in these conversations. _____

Therapist will provide occasional brief updates on the therapy process without violating the client's confidentiality via e-mail to both parents. Therapist asks that any replies, questions, etc. be copied to both parents. _____

Therapist asks that both parents refrain from making negative comments about the other parent in the presence of the client both in the office, and also at all other times. This includes, but is not limited to talking on the phone, or to others when the child may overhear, etc. _____

Therapist asks that both parents refrain from questioning child about the content of their therapy sessions, as the child has a right to confidentiality and must feel that they have a safe place where they can honestly express their feelings. Your child has been informed of their right to confidentiality and therapist must uphold this confidentiality unless the therapist the information revealed may pose a threat to client or others. _____

At any time if either parent desires to make revisions to this agreement, all members will discuss and agree upon these revisions. _____

Parent signature: _____ Date: _____

Parent Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____