INFORMED CONSENT STATEMENT (addendum)

Legal Proceedings/Court Involvement

Privacy is an important issue when children or spouses are involved in treatment. When both members of a couple are involved in treatment, it is important to balance the need for individual privacy with the need for open communication. If you know that other family members will be involved in treatment, or may be in the future, please discuss these issues with me as soon as possible.

Occasionally it will be helpful for me to exchange some information with others, such as your physician, school or work personnel, or other family members. I will explain the need to do so and discuss the specific information to be shared. If that is acceptable, I will ask for your permission in writing and ask you to complete a "Release of Information" form. Similarly, I will not seek or receive information from others who know you without first receiving your permission. If there is specific information you believe would be helpful for me to know about, particularly previous mental health treatment, please bring this to my attention as soon as possible.

If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. In the event you are entering treatment because you have been asked to obtain a psychological evaluation, it is important for you to know the difference between treatment and an evaluation, and to recognize that treatment is not a substitute for an evaluation or an appropriate method to obtain evaluative results. If you need an evaluation I will be happy to assist you in finding a provider who offers this service.

It is also important for you to know that I will not be a party to any legal proceedings against current or former clients. My goal is to support my clients to achieve therapy goals — not to address legal issues that require an adversarial approach. Clients entering treatment, and/or parents who enter their children into treatment, are agreeing to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of the treatment for legal objectives.

In the event that you require my testimony or involvement in non-adversarial aspects of legal/court proceedings I will do so only with your consent. I will be unable to disclose any information pertaining to other family members or parties involved in treatment without their specific consent to disclose this information.

Consent to treatment: Signature(s) below indicate(s) I/we have read and understand the above information and consent to treatment with Stephanie Spak, MA, LPC, CADC 1 under the conditions specified above.

Name (Please print)	Signature:
Date:	
Name (Please print)	Signature:
Date:	
Witness:	Date: