



**MID-ATLANTIC**  
BEHAVIORAL HEALTH

**Agreement for Services for a Minor in Joint Custody Cases**

We acknowledge that we have discussed our child's situation with the provider signing below and agree that our child, \_\_\_\_\_, would benefit from one or more of the behavioral health services provided by Mid-Atlantic Behavioral Health, LLC.

We have had the chance to discuss any issues we have/had related to the evaluation/treatment to be provided, have had our questions answered and understand the services being offered.

By signing below, we, the parents/legal guardians of, \_\_\_\_\_, give our permission for him/her to participate in psychological testing and/or therapy at Mid-Atlantic Behavioral Health, LLC. We understand that that the plan is for \_\_\_\_\_ to receive the following services:

- Diagnostic interview
- Psychological testing (tests to be determined at interview)
- Individual therapy
- Family therapy
- Group therapy
- Medication Management
- Other \_\_\_\_\_

Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to that which will benefit your child. This means, among other things, that you will treat anything that is said in session with me as confidential. 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, I need your agreement that in any such proceedings, neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.**

Note that such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, **I am ethically bound not to 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 information as needed (if appropriate releases are signed or a court order is provided), but I will not make any recommendation about the final decision. Furthermore, if I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of **\$250 per hour**

\_\_\_\_\_

for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

Detailed descriptions of our services and policies, procedures, risks, and benefits of services are provided in the provider-client agreement, which you acknowledge that you have received.

The signatures below indicate understanding of and agreement to all of the points above.

Signature of parent/guardian	Date
------------------------------	------

Signature of parent/guardian	Date
------------------------------	------

**\*In joint custody cases both parents must consent\***

I have discussed this evaluation/treatment plan with the above-signed parents and we have all agreed to proceed.

Signature of provider	Date
-----------------------	------

**This authorization is valid for any information related to your child's course of treatment with us or until retracted in writing.**