



Generations

A Family Place Inc.

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Special Agreement for Therapy

Pursuant to an order dated _____, by the Honorable _____ of the 3rd Judicial District at Anchorage, _____ was ordered to begin joint, ongoing therapy with his/her child _____. I will be happy to provide therapeutic services (here after referred to as "sessions" in this agreement) on the following conditions signed and agreed to by both parents.

1. This agreement is a supplement to the standard **Agreement For Psychological Services** that I normally use. Both this and the standard agreement must be signed by the parents and returned to this office prior to beginning sessions with the parties subject to the order. The parties may sign separate copies of the required documents.
2. The purpose of these sessions is to attempt to repair the relationship between _____ and his/her child, _____.
3. All clinical documentation, progress notes, records, intakes, or paperwork associated with these sessions are strictly off limits to the parents, their attorneys, or representatives except records of scheduling and attendance. These records and documents shall not be considered *discoverable* for evidentiary purposes in regard to any custody or other litigation involving either or both parents of the child in question or in regard to any other child. Both parents agree to not use a records deposition or subpoena or other means to gain access to any documentation of these sessions.
4. The sessions and the content of those sessions are strictly confidential. I, the therapist, shall not be subject to subpoena, deposition, or testimony, nor be called upon in any way to provide for either parent testimony or information about these sessions. The only exceptions to the confidentiality of these sessions are those required by Alaska Statute and Regulation (Sec. 08.86.200. Confidentiality of communication and AS 47.17.020).
5. Either parent may request and receive records of scheduling and attendance. These records will be strictly limited to dates of scheduled sessions, number of sessions scheduled, number of sessions kept, and number of sessions missed. As stated previously no diagnostic, content or clinical information will be released.
6. Missed sessions and Late Cancellation: A No Show/Late Cancellation Fee will apply for all missed sessions and Late Cancellations. Sessions must be cancelled and rescheduled 24 hours in advance. Exigent circumstances such as sudden illness and inclement weather or dangerous road conditions will excuse the fee upon receipt of supporting documentation or other proof. The fee will be \$75.00. Sessions missed by the ordered parent will be paid by that parent. Sessions missed by the ordered child will be paid by the custodial parent.
7. Three consecutive missed or late cancelled sessions will be cause for termination of services. Likewise a chronic pattern of missed or late cancelled sessions will also be cause for termination of services.
8. Notwithstanding the preceding, I will disclose to a duly appointed custody investigator operating under a valid court order any information authorized by the court order for the purpose of assisting the court in making a just determination of the best interests of the child in question. But I will neither be a Fact Witness nor an Expert Witness for either party.

Confidential

- 9.** If the court order mandating these sessions does not specify a particular length of time or number of sessions, it will be up to the sole discretion of this therapist to determine the length of therapy.
- 10.** Notwithstanding a mandated number of sessions, the therapist may determine, based on his clinical expertise that no further sessions are needed either because the treatment goals have been met, or that the therapy is proving harmful in some way to either participant or that further progress is not likely. At that point he will indicate in writing to both parents of the child in question that services have been concluded.
- 11.** The parties, i.e., the child him or her self or the parents may freely decide to discontinue receiving services at any time regardless of the opinion of this therapist. It will be the responsibility of the individuals so deciding to deal with the legal ramifications of terminating Court Ordered Therapy. It is understood that this therapist has no legal standing to force participation in therapy upon any individual or group of individuals.
- 12.** Arrangements for payment for services (other than for No Show/Late Cancellation Fee) will be made between this therapist and _____.

Signed

Date