



STATEMENT OF UNDERSTANDING REGARDING PURPOSE OF THERAPY

I wish to enlist the clinical therapy services of Lutheran Family Service. I recognize that the purpose of therapy is to benefit me and/or members of my family by working with my LFS counselor to resolve the issue(s) that led me to seek treatment. In order for my work with my LFS counselor to be effective, I understand that it is imperative for the relationship I have with my counselor to be conducted in an honest, open and safe manner. Effective therapy may be compromised if information revealed during conversations with my counselor may subsequently be brought to the attention of the court in the course of litigation.

Accordingly, I pledge that I will not involve Lutheran Family Service in any way in any divorce or custody litigation. I will neither request nor require that my LFS counselor provide testimony in court, either as an advocate or as an impartial witness, on my behalf or on behalf of anyone in my family. I will not request nor require that LFS provide written reports of my treatment to any attorney or any court. I will not permit LFS to communicate with any attorney representing me or any member of my family. In short, I will strictly refrain from attempt to involve LFS in any future litigation.

I agree to work with my LFS counselor for the express purpose of attaining therapy goals. I understand that I am not enlisting the services of LFS for the purpose of court testimony or reporting to any court or attorney. If the services of a mental health professional are considered desirable for court purposes, either as an impartial witness or as an advocate, then I understand that I would need to enlist the services of a provider other than Lutheran Family Service.

I have read the above statement and agree to proceed with therapy.

Signature of Client (or Parent or Legal Guardian)

Date

Witness Signature

Date