

Acknowledgment of Court and Documentation Policy

Confidentiality and Court Testimony

Client Signature:

[] I understand that my therapist is professional notes.	ally bound by confidentiality and can only share informat	ion in court that is documented in my clinical				
[] My therapist may submit session notes elect	tronically to the court in lieu of attending, at no charge.					
[] I acknowledge that requesting my therapist's relationship. However, if I choose to proceed, I un	s presence in court is discouraged due to confidentiality derstand the applicable fees will be charged.	limits and potential impact on the therapeutic				
Documentation Requests						
	I understand that I may request an electronic copy of my chart at no cost. However, there is a \$50 documentation request fee for any printed uments. This fee must be paid before release, and no documentation will be provided without a signed Release of Information.					
Court Fees and Preparation						
[] I understand that court preparation services with attorneys, meetings related to the case, and	are billed at \$150.00 per hour. This includes, but is not li preparation of written documentation.	mited to: review of clinical notes, communication				
	irdie staff, or affiliated professionals are required to atte	•				
[] I understand that the \$1,500.00 court appear in advance that the court date is canceled or resc	rance fee is non-refundable unless Little Birdie Professi heduled.	onal Counseling, PLLC is notified at least 72 hours				
Client Name:						
Date of Birth:						
Date:						