

Client's Full Name		Date of Birth	
Client's Full Name	 [	Date of Birth	
Client's Full Name	- - -	Date of Birth	
Client's Full Name	- - -	Date of Birth	
INTIMATE RELATIONSHIP CONFIDENTIALITY AGREEMENT			
Confidentiality Statement The agreement below is a Confidentiality Contract which who request Intimate Relationship Therapy. It is for the pu STOP during sessions from being used outside the session any party to use in subsequent adversarial or collateral si	rpose of protecting information for court cases, either through	tion disclosed to THE <i>N</i>	MENTAL HEALTH
This is not a legally binding contract, but it emphasizes the therapeutic process between the clinician and the partie relationship would then use the information from therapy making determinations about whether to quash a subpoagreement.	es, and it greatly reduces the as evidence against the oth	e likelihood that any p her parties. Some jud	party of the ges, when
Confidentiality Contract for Intimate R This contract is an agreement between the parties that n from any MENTAL HEALTH STOP staff member nor records or court hearing of any kind for any reason, such as a div	no party shall for any reason from THE MENTAL HEALTH ST	attempt to subpoend	
All parties acknowledge that the goal of Intimate Relatio psychological distress and that the process of psychothe sessions.			
Therefore it is understood by all parties that if they request they are expected not to use information disclosed in the be it civil, domestic, criminal, or circuit.			
The signatures below reflect that the parties agree to the	terms set forth above.		
Acknowledgement By signing below, the parties indicates that they have rev CONFIDENTIALITY AGREEMENT.	riewed, understand and agr	ree to this INTIMATE RE	LATIONSHIP
Client's Signature	Ē	Date	
Client's Signature	Ē	Date	
Client's Signature	Ī	Date	

Date

Client's Signature