

Attorney/Therapist Coordinated Care Client Permission Form

**NO WAIVER (EITHER EXPRESS OR IMPLIED) OF ATTORNEY/CLIENT OR
THERAPIST/CLIENT PRIVILEGE IS MADE BY SIGNING THIS FORM**

_____, hereinafter referred to as “the Client” give express permission for his/her Attorney _____, hereinafter referred to as “the Attorney” to be in communication with his/her Therapist, _____, hereinafter referred to as “the Therapist” for the following limited purposes and in the following limited ways:

1. The purpose of this agreement is to assist the Client in receiving the highest level of coordinated services during his/her family law proceeding.

2. The Attorney and the Therapist agree to NOT discuss the substance of the Client’s therapy. Communications will be limited to coordination of services as they relate to upcoming legal proceedings and the issues that could be addressed to support a positive outcome in such proceedings for the Client and their family.

3. The Attorney acknowledges the Therapist’s role as providing ongoing therapeutic support for the Client throughout and following the legal proceedings and that the Attorney’s communication with the Therapist under this agreement does NOT constitute a request for expert testimony in the legal proceedings.

5. The Client in no way waives, either expressly or by implication his/her Attorney/Client or Therapist/Client privilege by signing this form.

Client Signature

Date

Attorney Signature

Date

Therapist Signature

Date