



Family and Couple's Service Agreement

I agree that I (or any agent on my behalf) will not provide records, or compel One Life Holistic Health to provide records, in connection with my counseling or coaching sessions, to any agent including but not exclusive to, attorneys in current or future divorce- or custody-related action or actions.

I have entered into this agreement because I am aware that the information from these sessions have a therapeutic, not legal, purpose and require an emotionally safe and confidential atmosphere to be present for optimal success. I will not use information from these sessions to cast a negative light on others involved in services with me. I understand that this agreement does not prohibit disclosure in the case of criminal offenses, including suspected child abuse or neglect or potential harm to myself or others.

I also understand that, in the case of couples counseling, secrets will not be kept by the therapist from partners participating in the counseling, as it will undermine the success of counseling, and the therapist reserves the right to pass on information that furthers therapeutic goals.

I am aware that sessions are limited to 45 minutes, and will try to provide new disclosures and goals early in the session so that there may be satisfactory attention and resolution reasonable to the time that is available.

Signature

Date

Signature

Date

Witness

Date