

Manfred J. Melcher, MSW, LCSW

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Separated/Divorced Parents **Treatment Contract**

This agreement between Manfred J. Melcher (provider) and _____, parent or guardian of _____, documents our mutual consent for treatment as highlighted:

- Psychotherapy is most effective when a emotionally safe and trusting relationship exists between therapist and client. Privacy is especially important in securing and maintaining that trust and to provide your child with the freedom to explore his or her concerns. This is particularly true for children whose parents are separated or divorced.
- Although my responsibility to your child may require my involvement in conflicts between the two of you, I need your agreement that my involvement will be strictly limited to therapeutic goals designed to benefit your child's mental health. This means, among other things, that you will respect anything that is said in session with me as confidential. Neither of you will attempt to gain advantage in any legal proceedings between the two of you from my involvement with your child. This agreement provides an emotional "zone of conflict-free privacy" designed to help foster your child's well-being and mental health.
- In particular, we are agreeing that in any legal proceedings neither of you will ask me to testify in court, whether in person, or by affidavit. You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said, done, or recommended. My role is strictly limited to providing psychotherapeutic treatment, and you agree to not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (visitations, etc.). *Again, this is solely to protect the mental health needs of your child.*
- If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rates noted on my "Court and Legal Fees" form, for time spent traveling, preparing documents, testifying, being in attendance, and any other case-related costs.

- If these agreements cannot be made, I will, to the extent of my ability, help you locate another provider who may be willing and available to work with you. If your child is already in treatment with me and you do not agree to these agreements, I ask that I am given the opportunity to have a few (1-3) closing sessions with your child to properly end the treatment relationship and/or to help facilitate transfer of the case to another provider. *Again, this is solely to protect the mental health needs of your child.*

By signing below, I acknowledge that I have reviewed this document (including with my attorney if I deem necessary) and am in agreement to all of the above. I have been given the opportunity to discuss anything of question and am signing without reservation.

_____, parent/guardian

_____, parent/guardian

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