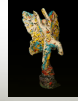


Pediatric & Family  
Psychology, P.A.



Rosalind L. Heiko, Ph.D.  
Licensed Psychologist

Suite 203  
531 Keisler Drive  
Cary, NC 27518

Tel. 919.858.9692  
[www.drheiko.com](http://www.drheiko.com)

## Agreement Regarding Child Psychotherapy

This agreement is made between the client's parents and Rosalind Heiko, Ph.D. We, the parents of:  
\_\_\_\_\_ understand and agree to the following:

(Please print child name here)

I understand that communications between the child and the therapist are confidential, subject to the limitations specified below.

I understand that certain limitations to confidentiality will apply according to North Carolina State Law in which the therapist has the duty to report information concerning suspected child abuse, which included sexual abuse, physical abuse and neglect. The clients and the therapist acknowledge that once such allegations are reported, the therapy can still continue if all parties agree;

I agree to fill out all client forms found on Dr. Heiko's website for children over 6 ([www.drheiko.com](http://www.drheiko.com)) and send them in before I schedule a meeting with Dr. Heiko, as well as this form, so that I am clear about client confidentiality and guidelines.

I understand that Dr. Heiko will inform the parents of the general goals and progress of treatment, either by a brief summary to all parents or through a parent-therapist session and that parents will be provided with a general understanding of the main content issues of the therapy. However, the child is given the right to confidentiality, in that, specific issues discussed may not be communicated to the parents if it is deemed best to maintain the child's privacy or if the therapist is requested by the child to do so (that remains under Dr. Heiko's discretion).

Communication about therapy other than scheduling can only take place in Dr. Heiko's office, not through phone calls or emails. I understand that if I live outside of the Raleigh-Cary area, I will provide Dr. Heiko with a phone card, to be used for scheduling purposes only, which will be returned to me when the therapeutic relationship is terminated. Therapy is on a fee for service basis: the cost of the first session is \$180.00, and subsequent sessions are billed at \$140.00 (unless the fees are re-

vised and I receive a month's notice about this). Payment must be brought to each session. Debit or credit cards may be used at the time of the appointment; but office policy prohibits using credit or debit card numbers over the phone for safety reasons. Dr. Heiko can, of course, accept check payments sent in advance of the scheduled sessions. If I am the noncustodial parent, I will respect the therapeutic relationship between my child and Dr. Heiko, and will accept reasonable recommendations about family sessions, waiting for my child's readiness to engage in therapeutic conversation as directed by Dr. Heiko.

I agree that I will not call Dr. Heiko as a witness in any legal action having to do with the issues discussed in this treatment. However, the therapist may be willing to discuss the therapy with a court ordered Special Master, Parent Coordinator or court ordered Custody Evaluator, to provide information and opinions that might be helpful to such a professional in determining the best interests of the child;

I understand and agree that although any previously completed evaluations, psychological summaries or reports may have been the subject of testimony or court proceedings, the psychotherapy sessions now being agreed upon shall be confidential and not made subject of testimony or of a subpoena for court purposes to produce any written documents which may be prepared during the course of psychotherapy. I agree to this to protect the confidential nature of my child's therapy sessions and help my child progress and resolve conflicts.

Signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Rosalind L. Heiko, Ph.D., HSP-P  
Licensed Psychologist-Health Provider

Date: \_\_\_\_\_