CROSSROADS COUNSELING & CONSULTING ASSOCIATES, PC

Psychiatry, Mental Health and breakthrough TMS Treatment

615 East McMurray Road
McMurray, PA 15317
Telephone: (724) 942-3996
Fax: (724) 942-5471
www.cccapgh.com

1000 Commerce Drive, Suite 1002
Moon Township, PA 15108
Telephone: (412) 264-2155
Fax: (412) 264-1815
www.cccapgh.com

THERAPY TREATMENT AGREEMENT FOR CHILDREN/ADULTS

Dear Clients:

Your signature below certifies your understanding and agreement to receive treatment for you or your child at Crossroads Counseling & Consulting Associates under the conditions described as below:

- As the clinician for you, your family, and/or your child, I will base treatment on the presenting emotional, behavioral, and/or parenting issues.
- APA ethical standards preclude me from participating in present or future testimony for or from being involved in child custody or divorce disputes.
- I will, however, provide appropriate referrals to you if you desire an independent practitioner to provide psychological expert testimony.

This letter is necessary because of the importance of maintaining the integrity of the treatment process. Involving myself in the child-custody and/or divorce disputes could create a conflict of interest and jeopardize that integrity.

Signature of Patient	Date
Signature of Parent/Legal Guardian	Date
Signature of Therapist	Date