**Agreement for Confidentiality of Individual Treatment**

I understand that it is Chris Nelson’s role to provide services so that I might have the opportunity to feel better and/or experience less distress in my everyday life. Chris Nelson’s role is not intended to gather information from our sessions for the courts, or to make judgments related to my family, my marriage or partnership, or the custody of any children I may have.

Therefore, I agree that I will not call upon Chris Nelson to provide treatment records or to testify in the event of any judicial proceedings. I understand that courts can appoint professionals who have had no prior contact with me to conduct independent evaluations and make recommendations to the court.

I understand that it is Chris Nelson’s policy to have no court involvement in my case because that could harm our professional relationship and the ability to achieve my goals.

By signing this form I am agreeing not to use any of my treatment records or testimony in any future court proceedings.

Printed Name:

Signature:

Date: