HealingDayCounseling&Psychotherapy Services

797 Washington Street Suite 4 Newtonville, MA 02460 phone: 617-820 8895

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This contract serves as an agreement between the interested parties that neither partner shall attempt to subpoena my testimony or my records for a deposition or court hearing of any kind for any reason. All parties acknowledge that the goal of psychotherapy is the reduction of psychological distress and interpersonal conflict, and that the process of psychotherapy depends on trust and openness during the therapy sessions. Therefore, it is understood by all parties that if they request my services as a psychotherapist, they are expected not to use information given to me during the therapy process for their own legal purposes or against any of the other parties in a court or judicial setting of any kind.

By signing this agreement, I am and agree to this contract.	acknowledging that I have received, understand	
I	agree and sig	'n
this document.		
Signature	Date	