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Waiver of Confidentiality

Please Read this very carefully and do NOT sign if you have an objection.

The confidentiality of the information you or your children share with Dr. Baker is not guaranteed when the information is shared as part of a custody recommendation, parenting coordination, co-parenting counseling, a divorce suit or a modification of a divorce decree, a home study, or any other service which requires a written report or testimony for legal purposes.

The attorneys involved in the case as well as the judge and other professionals will most likely ask Dr. Baker to provide information gained during your sessions or your children's sessions.

I, _____, understand that Dr. Baker may be required to share any or all of the information I share with her during the course of our work. I understand that it is my responsibility to discuss my concerns with my lawyer and obtain advice regarding information that is given to Dr. Baker.

Furthermore, I understand that attorneys from both sides of this legal action as well as the judge and other professionals will be asking for information she gains during our sessions and/or any sessions involving my children.

I also understand that I may revoke this waiver at any time if I do so IN WRITING with a certification of receipt.

Client's Signature _____ Dated _____