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Consent to Participate in Confidential Child Custody Mediation

We wish to enlist Dr. Hausman's services in helping resolve our child custody and co-parenting issues. Accordingly, we agree to participate in mediation with Dr. Hausman. We recognize that this is a confidential process and that any information provided by either parent and/or provided by Dr. Hausman will not be shared with anyone without the written consent of both parents. Dr. Hausman will, however, prepare drafts of agreements reached for review by the parties.

The following circumstances are additional mandates to disclose information shared in this process. We have been informed that under California statutes: (a) if a patient communicates to a therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police; (b) if the therapist suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if a patient seems dangerous to self or other, or is unable to care for him or herself, hospitalization may be required.

Further, we understand that information and records otherwise confidential and/or testimony concerning my family or me must be provided in the event of a court order demanding it.

We agreed to share Dr. Hausman's fees, which are $ _____ per hour.
We have read the above and agree to proceed with the mediation.

_____

Signature Date

_____

Signature Date