

Brady Miller, Ph.D.
Licensed Psychologist - PY 60200533
1220 116th Ave NE Suite 203
Bellevue, Washington 98004
Phone: 425-224-5775

Dear Parents,

Attached you will find a stipulation that I am requesting you to sign as a part of the therapy arrangements for your child, asking that confidentiality be protected except under exceptional circumstances. As parents, you are of course entitled to information about how your child's treatment is progressing, and in most cases will be integrally involved in the treatment itself.

However, circumstances sometimes change and I am on occasion asked to release information which represents a violation of the agreement made with the child to respect their privacy. I am asking that you agree not to request that I do this. Primarily this protection is necessary in order to secure the therapy relationship between your child and myself. One of the main purposes of therapy is to create a safe place for the child to discuss sensitive issues, and to facilitate having the child and family discuss things in a healthy manner. Most children and adults will not open up and reveal information if they are aware that the conversations, particularly in legal disagreements between parents, destroys the trust relationship between therapist and child. My experience has been that no matter how carefully this is explained, the child invariably feels betrayed and can no longer be in therapy who released this information. Even if the child is no longer in therapy with me, this breach of trust has an impact on relationships with other therapists as well. It also often undermines the trust relationship between parent and child.

Please take time to consider this matter. If agreeing to this creates discomfort for you, I will be happy to provide other resources for your child and you. If you have questions regarding this matter, please feel free to discuss them with me.

Sincerely,

Brady Miller, Ph.D.
Licensed Psychologist

Brady Miller, Ph.D.
Licensed Psychologist - PY 60200533
1220 116th Ave NE Suite 203
Bellevue, Washington 98004
Phone: 425-224-5775

STIPULATION AND DECLARATION

_____ and _____ declare the following:

1. _____ and _____ are parents/legal guardians of _____, a minor under the age of 18 (“the minor”) who is a patient of Brady Miller, Ph.D. (Dr. Miller), a licensed clinical psychologist.
2. All communications among the parties, their child, and Dr. Miller shall be confidential and privileged from disclosure. Both parties stipulate that Dr. Miller shall not be required to testify at or to produce for any proceeding or in any court, opinions, records, documents or recordings formed as a part of the psychotherapy process.
3. It is in the best interests of the child and the parties that no one feels influenced by any impending legal actions when involved in psychotherapy. Without both parties entering into this type of stipulation, it is quite likely that the therapeutic alliance would be affected detrimentally.
4. This stipulation does not preclude obeying the statutory requirements to report information about: child, adult dependent person or elder abuse, neglect or exploitation; an actual threat of violence against a reasonably identifiable victim(s); or mental illness that requires involuntary commitment because of danger to self or others or grave disability.
5. These stipulations have been explained to us and we agree to abide by them. We have been provided with ample opportunity to inquire into the experience and credential of Dr. Miller. We have consulted with our attorneys or other psychotherapists about these stipulations and are fully satisfied with the proposed approach.

Parent/Guardian 1:

I declare under penalty of the laws of the State of Washington that the foregoing is true and correct.

SIGNED this _____ day of _____ 20____, at _____ Washington

(Signature)

(Print Name)

_____ of _____
(Relationship) (Client Name)

Parent/Guardian 2:

I declare under penalty of the laws of the State of Washington that the foregoing is true and correct.

SIGNED this _____ day of _____ 20____, at _____ Washington

(Signature)

(Print Name)

_____ of _____
(Relationship) (Client Name)