



**SHERIDAN HOUSE FAMILY MINISTRIES COUNSELING CENTER**

1700 S. Flamingo Road, Davie, FL 33325 (954) 880-9595 / 1-800-838-1552/ Fax: (954) 476-3058

www.sheridanhouse.org

**FREEDOM FROM TESTIMONY AGREEMENT**

We, \_\_\_\_\_ and \_\_\_\_\_  
Print Client Name Print Client Name

understand and agree that our therapist will provide psychotherapeutic services (e.g., marriage counseling, family therapy, and/or individual counseling) to both/each of us and/or family members including children. This is with the stipulation that our counselor will not be called or deposed as a witness in any matter in which we are involved, either together or separately. This includes, but is not limited to, divorce proceedings, custody disputes, or other legal issues in which our counselor would be required to break confidence and provide testimony that could be detrimental to our therapeutic relationship. Our therapist is immune from being compelled to give testimony or deposition unless he/she feels it would be ethically appropriate to do so.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date