



Clear Horizons Clinical Services

853 West Center Street
Orem, UT 84057
(801) 206-4200

Non-Subpoena Contract for Clients in Couple, Family, or Child/Parent Therapy

This agreement is between Clear Horizons Clinical Services and any client or family member participating in services. As a Safe Harbor facility, Clear Horizons does not provide testimony or records for use in legal proceedings, and no party may subpoena Clear Horizons for depositions, trials, arbitration, or court hearings.

All parties acknowledge that psychotherapy is intended to reduce psychological distress and improve interpersonal functioning, and that effective therapy requires trust and openness. In accordance with Title R156-60a-502 of the Utah Administrative Code, the Department of Professional Licensing (DOPL) prohibits therapists from providing partial, biased, or legally determinative opinions. This includes offering recommendations or opinions regarding custodial or parental rights, divorce, domestic relationships, adoption, sanity, competency, mental health, or any other matter involving an individual's civil or legal rights.

Therefore, it is understood that by requesting psychotherapy services from Clear Horizons, all parties agree that information disclosed during therapy shall not be used in any legal proceedings, including but not limited to child custody, parent-time, divorce, or parental separation matters before a court or judicial body.

If a subpoena is issued to Clear Horizons, a non-refundable \$2,500 retainer is required prior to any involvement. All activities associated with the subpoena—including preparation, documentation, written communication, travel, waiting periods, and testimony—will be billed at a rate of \$250 per hour. Upon receipt of a subpoena, Clear Horizons may terminate therapeutic services and will refer the client to a therapist affiliated with the Association of Family and Conciliation Courts (AFCC). A directory of AFCC providers is available at <https://www.afccutah.org/directory>.

Client's Name (Please Print)

Signature of Client or Parent / Legal Guardian

Date: _____