



## Discernment Counseling – Disclosures

1. The screeners and therapists facilitating the Discernment Counseling program are not lawyers and do not provide legal advice. Please consult with an attorney for any legal advice/information related to separation or divorce.
2. Discernment counseling is not a legal proceeding and participation in Discernment Counseling does not relieve participating parties from any obligations they may have in an ongoing divorce case. If you have initiated the legal divorce process, you may wish to consider having your case placed on inactive status or arranging a legal separation while you are working on reconciliation.
3. By participating in Discernment Counseling, the parties agree that they will not seek to use in any court or legal proceeding any statements made by the other party or a facilitator at any meeting facilitated by personnel affiliated with Azevedo Family Psychology's (AFP) Discernment Counseling program. They also agree that they will not call as witnesses or seek to obtain for court purposes any of the notes or documents prepared by any of the personnel affiliated with AFP's Discernment Counseling program.
4. Any information provided to the Discernment Counseling program by participants will remain confidential. However, in order to provide effective service, the screeners, therapists and other personnel affiliated with the Discernment Counseling program may need to share client information with each other. Participants in the AFP's Discernment Counseling program hereby grant permission to these professionals to share client information with each other, but not outside the program.
5. The Discernment Counseling program would also like to share couples' stories of hope and change, without identifying information, in order to educate professionals and the public. Participants hereby grant permission for their story to be part of the learnings of the Discernment Counseling program to be shared anonymously and without identifying information for educational purposes.

I agree: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

I agree: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) THIS INFORMATION IS STRICTLY CONFIDENTIAL**      1903 NORTH HARRISON AVE, SUITE 201, CARY, NC, 27513  
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