

Consent-to-Treat and Financial Agreement

Upon initiating therapy services, it is important for you to be aware of the following information:

CONFIDENTIALITY: Statements that are made by a client to a psychotherapist are generally confidential; however, there are some exceptions which may lead to a waiver of the psychotherapist-client privilege and disclosure of otherwise confidential information. The exceptions include:

1. If you threaten to harm yourself;
2. If you make a serious threat to harm a readily ascertainable third party;
3. If you disclose instances of child abuse, elder abuse, or dependent adult abuse. Abuse includes but is not limited to physical abuse, sexual abuse, or neglect. For further information on what constitutes abuse or neglect please refer to Florida state law;
4. If you tender your mental condition in a lawsuit or criminal proceeding;
5. If the therapist is required by a court order to disclose your records;
6. If there is an action which alleges that there is a breach of duties running between psychotherapist and client; and
7. If each individual involved in the therapy sessions gives written permission to disclose information to a specific party.

Hamilton 005

I understand that my therapist may consult with other professionals, who are also required to maintain confidentiality, to ensure the provision of effective treatment services. I understand that this consultation will not compromise my identify or confidentiality.

Initial _____

EMERGENCIES: Due to the nature of this practice, 24-hour emergency access is not available. In the case of emergencies, please call 911.

Initial _____

NO GUARANTEE OF SUCCESS: Because there are many variables in psychotherapy, there is no guarantee that by pursuing psychotherapy the client will be happier, and no particular treatment can be guaranteed to be effective. Therapy also requires the active participation of the client, and that the client be truthful with the psychotherapist.

Initial _____

NATURE OF PSYCHOTHERAPY: Sometimes the psychotherapeutic process can bring up uncomfortable feelings such as anxiety, sadness, anger, and so on; please be aware that this is a normal response to talking about unresolved life experiences.

LENGTH OF SESSION AND FINANCIAL INFORMATION: Therapy sessions last approximately 50 minutes. The fee for therapy is \$100.00 per session, payable at the end of each session.

Initial _____

CANCELLATION POLICY: If you need to cancel or reschedule an appointment, please allow for 24 hours notice. Cancellations made less than 24 hours ahead of the appointment time will be charged the session fee.

Initial _____

TELEPHONE THERAPY: Psychotherapy is typically in the form of regularly scheduled, face-to-face, individual sessions. For that reason, office-based counseling is generally recommended.

However, some clients are unable to find a suitable therapist in their geographical area, and therefore they decide to conduct at least some therapy in the form of telephone consultations.

It is important for the client to recognize the following: that there is some controversy regarding the use of telephone therapy, including concerns that confidentiality cannot be guaranteed when communicating by phone or internet; that the therapist is unable to assess the client's demeanor by telephone; that telephone consultations are educational, but may not be as effective as face-to-face sessions; and that supplementary, face-to-face therapy or transfer to another psychotherapist may be necessary if the client should experience severe emotional disturbance, such as anxiety or depression.

In addition, this therapist is licensed in the state of Florida. If telephone therapy is provided to clients outside of the state of Florida, it is important to note that some states do not allow the delivery of services across state lines. For clients living in states that prohibit telephone therapy across state lines, this therapist will be unable to provide services.

Initial _____

Hamilton 006

MERGER AGREEMENT: All prior negotiations and representations are subsumed in this document and merged herein.

Initial _____

I understand that I am responsible for any all and indebtedness incurred as a result of services rendered. I understand that I have a right to terminate services at any time. I agree to hold harmless my therapist from any claim for damages of any nature arising out of, or allegedly due to, any therapy, counseling or service rendered. I accept full responsibility for any decision I make regarding my life. I have read the above information carefully, understand its contents, and agree, under these conditions, to receive therapy and services for myself and/or anyone herein designated.

Print Name: _____

Signature: _____

Date: _____



Payment Agreement

Responsibilities:

- Payment is due at the time service is rendered. Please pay by cash, check or credit card. If paying by check, please make check payable to SDG Counseling, LLC.
- Sessions are 50 minutes. The session fee is \$150 per session in the office. House calls and court appearances are billed at a different rate.
- There will be a \$35 fee for any returned check.
- For reasons of confidentiality, we do not make appointment reminder calls. You are responsible for keeping your appointment.
- Cancellations of a session must be made at least 24 hours prior to the scheduled time or you will be charged for the missed session.
- An invoice may be sent to your home for any outstanding balance

Credit Card Information:

- Many of my clients prefer to keep a credit card number on file for ease of payment for future sessions or phone sessions.
- If you would like to provide you with this service and convenience please indicate your permission below in the appropriate box. Your information will be kept in a locked cabinet.

Yes, I give my permission to SDG Counseling, LLC to retain my credit card information.

No, I do not give permission to SDG Counseling, LLC to retain my credit card information.

I certify that he/she has read the above information carefully, understands its contents, and agree to comply with the terms of payment as provided above.

Signed: _____

Date: _____

Signed: _____

Date: _____



Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed. I further understand that the practice will offer me updates to the NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way."

Signed: _____
Printed: _____

Date: _____

Signed: _____
Printed: _____

Date: _____

Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE PERTAINS TO THE PRACTICE OF: SDG COUNSELING, LLC, 4400 N. FEDERAL HIGHWAY, SUITE 210, BOCA RATON, FL 33431

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE AND ALL OF THESE RIGHTS MAY NOT APPLY TO YOU IN SOME CIRCUMSTANCES WHICH ARE NOT COVERED BY FEDERAL HIPAA REGULATIONS. YOU MAY BE PROTECTED UNDER OTHER FEDERAL AND STATE LAWS.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- ~ "PHI" refers to information in your health record that could identify you.
- ~ "Treatment, Payment, and Health Care Operations"
 - o Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - o Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - o Health Care Operations are activities that relate to the performance and operations of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- ~ "Use" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ~ "Disclosure" applies to activities outside of our [office, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

We would also need to obtain an authorization before releasing your "psychotherapy notes." "Psychotherapy notes" have a very limited definition under HIPAA rules, and would be notes made about analyses of conversations during a private, group, joint, or family counseling session, which would be kept separate from the rest of your medical record. It is our office practice not to keep "Psychotherapy notes" under this definition. Your diagnosis and relevant treatment information, symptom complaints and information about progress are maintained in "Progress Notes" which document your care.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If we know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services.

Adult and Domestic Abuse: If we know, or have cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

Health Oversight: If a complaint is filed against us with the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from us relevant to that complaint.

Government: We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment.

Impaired Professionals: We may disclose information pertaining to the safety to practice to the Florida Department of Health for health care professionals if we have reasonable reason to believe public safety is endangered or where there would be a statutory duty to report.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

Worker's Compensation: If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier furnish your relevant records to those persons.

Litigation: If you have a pending personal injury claim such as auto accident, malpractice claim or other situation in which you are eligible to collect damages, your entire records may be subject to disclosure by subpoena or court order and are subject to full disclosure to the payor of any claims we file for services on your behalf. You may object, in writing, to a subpoena for such records. In the case of an Independent Medical Examination which is being conducted on behalf of a third party, any information is subject to disclosure to that third party. However, you may have additional rights under State law.

Forensic Evaluation at the request of your attorney: In most circumstances, such evaluations, if arranged for and paid for through your attorney's office retain a special status of attorney-client privilege until such information is disclosed by your attorney or used for legal purposes. Such evaluations are not protected by rights established under HIPAA.

Law Enforcement: We may disclose health information for law enforcement purposes and special governmental functions only as required by Federal, State or Local law.

Business Associates: We have Business Associates with whom we may share your Protected Health Information. Examples included Business Associates who provide coverage while we are out of town, answering services as necessary, shared clerical functions with Business Associates with whom we may share offices with, collection agencies or collection attorneys, or technicians who may need to service equipment where necessary information is stored. We enter into agreements with such associates such that they are also obligated to respect the privacy of your Protected Health Information.

Communication with Family: If a family member or close friend calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments. With your signed consent, if family members, other relatives, close personal friend, or any other person you identify as participating in your care, minimal necessary health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. Unless you notify us otherwise, we may leave messages on your home or cell phone if you utilize and answering machine, voice mail, or text message, or email regarding contacting our office regarding scheduling or regarding personal or third party payment.

Marketing: We may Contact you to provide you with appointment reminders, with information about other health-related benefits or services that may be of interest to you.

Health Research: We may use Personal Health Information to conduct or participate in research studies based upon clinical and health records. In such cases any PHI shall be removed. For example, we may collect outcome data or group treatment

approaches or we may use data from your record to conduct a study or test patterns in head injury. Of course, we will not conduct any experimental research without a separate informed consent.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents there of your PHI necessary for your health and health and safety of other individuals.

Patient's Rights and Psychologist/Counselor's Duties:

Patient's Rights:

- ~ Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. However, we are not required to agree to a restriction you request.
- ~ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in counseling. Upon your request, we will send your bills to another address.)
- ~ Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process.
- ~ Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ~ Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- ~ Right to a Paper Copy: You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

We reserve the right to bill you for professional time involved in explaining or reviewing these procedures with you.

Psychologist/Counselor's Duties:

- ~ We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ~ We reserve the right to change the privacy policies and practices described in the notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify active clients by mail. Returning clients will be notified upon their first visit following a change in policy and procedures. Clients may request a written copy at any time by mailing such a request to SDG Counseling, LLC, 4400 N. Federal Highway, Suite 210, Boca Raton, FL 33431.

Questions and Complaints:

If you are a client of SDG Counseling, LLC and have questions about this notice, disagree with a decision we make about access to your records, believe that your privacy rights have been violated and wish to file a complaint or have other concerns about your privacy rights, you may contact Dr. Otto at 561-703-9444. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.



Therapy Agreement

I, _____, have applied for counseling, testing, or other services at SDG Counseling, LLC for myself and the following persons for whom I am legally responsible.

- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities be notified in accordance with the following Florida statutes: F.S. 39.201, F.S. 39.202, F.S. 39.204, F.S. 490.0147, and F.S. 491.0147.
- I further agree to indemnify and hold harmless SDG Counseling, LLC, its agents, servants, and employees from any claim for damages, or any nature arising out of, or allegedly due to, any activity related thereto. I accept full responsibility for any decisions made regarding my life.

I certify that he/she has read the above information carefully, understands its contents, and agree to receive services for myself and/or anyone herein designated as provided above.

Signed: _____

Date: _____

Signed: _____

Date: _____



**INFORMED CONSENT FOR COUNSELING REGARDING
UNWANTED SAME-SEX ATTRACTIONS AND BEHAVIORS**

For those clients struggling with sexual attractions or feelings that are inconsistent with their religious beliefs or that the client does not believe are true statements of how that person believes himself or herself to be, we offer counseling to assist those clients in understanding causes of such feelings or attractions and help them work toward their goal of making their attractions and feelings consistent with their beliefs. It is critical to understand that you, as the client, set the goals and objectives of counseling. Your therapist is only here to assist you in working toward the goals you set and does not participate in the decision of what a client's goals should be.

It is important for all clients to understand that there is never a guarantee of success with any form of mental health counseling, and that no marriage and family therapist can promise certain outcomes will be obtained by the client. This is also true with counseling for those individuals seeking to change, reduce, or eliminate unwanted same-sex attractions or feelings. It is also important to understand that your marriage and family therapist does not take a position on the goals or objectives you have with your counseling. It is our task to assist all clients in the goals that the client sets, and that your therapist will work with you to identify and understand what underlying issues may be causing you anxiety, distress, discomfort, fear, confusion, or any other uncomfortable feelings you may be having.

Though your therapist cannot guarantee a successful outcome, many clients who identify their goal as seeking to change their unwanted attractions or feelings do experience benefit from the counseling we provide. Many clients can and do succeed in reducing their attractions towards members of the same sex and reducing anxiety and confusion that arises from such feelings. For those clients whose anxiety, distress, or confusion arises from the inconsistency between their religious beliefs and their sexual attractions, feelings, or behaviors, counseling can and does provide benefit to those clients and allows them to conform their attractions and behaviors to their values, beliefs, and faith.

As with many other form of counseling, the therapeutic process can evoke stressful feelings or emotions that are difficult to deal with during the process. Change is never quick or easy, for any anxiety or distress that a client is feeling. The same is true of unwanted sexual or romantic feelings and attractions. Your therapist wants you to know that you are in control of your counseling at all times, and if your goals or objectives change at any point during the counseling, you should inform your therapist immediately.

Your therapist also wants you to know that there are some mental health professionals and others who suggest you should not have the goal of reducing or eliminating your unwanted feelings or attractions, and that some people believe that such counseling is unlikely to assist you. As noted above, your therapist disagrees with such conclusions and has personally

SDG

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counseled many people who experienced successful change. While your therapist cannot guarantee that for you, you should be informed of the various viewpoints concerning this form of counseling prior to making your decision to choose and pursue such counseling.

Consent Statement: I have read this document, have had an opportunity to discuss its content with my therapist, agree to its terms, and have received a copy. This authorization constitutes informed consent for my decision to address issues related to unwanted attractions or feelings in a manner that is consistent with my goals for counseling, including my values and moral beliefs.

Patient Signature

Birth Date

Date

(If a minor)

Parent or Legal Guardian's Signature

Date

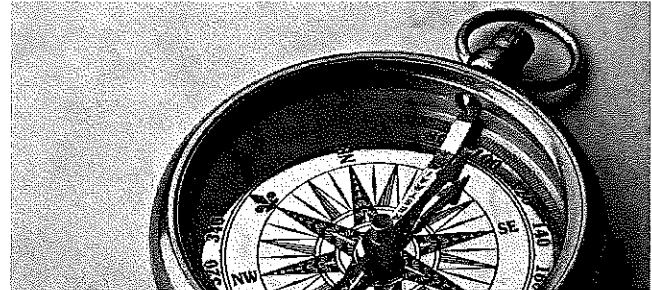
Therapist's Signature

Date



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Ethical Principles of Psychologists and Code of Conduct



Including 2010 and 2016 Amendments

Effective date June 1, 2003 with amendments effective June 1, 2010 and January 1, 2017. Copyright © 2017 American Psychological Association. All rights reserved.

▶ **Introduction and Applicability**

▶ **Preamble**

▶ **General Principles**

▶ **Section 1: Resolving Ethical Issues**

▶ **Section 2: Competence**

▶ **Section 3: Human Relations**

▶ **Section 4: Privacy and Confidentiality**

▶ **Section 5: Advertising and Other Public Statements**

▶ **Section 6: Record Keeping and Fees**

▶ **Section 7: Education and Training**

**Defendant/City of Boca Raton's Trial
Exhibit No. 23
Otto, et al vs. City of Boca Raton, et al
Case No. 18-cv-80771**

▶ **Section 8: Research and Publication**

▶ **Section 9: Assessment**

▼ **Section 10: Therapy**

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent (?item=6#310) , psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality (?item=7#402) , and 6.04, Fees and Financial Arrangements (?item=9#604) .)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence (?item=5#201e) , and 3.10, Informed Consent (?item=6#310) .)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality (?item=7#402) .)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw

from, roles appropriately. (See also Standard 3.05c, Multiple Relationships (? item=6#305c) .)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status;

(6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships (?item=6#305) .)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services (?item=6#312) .)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

▶ **History and Effective Date**

▶ **Amendments to the 2002 “Ethical Principles of Psychologists and Code of Conduct” in 2010 and 2016**

Additional Resources

2018 APA Ethics Committee Rules and Procedures (PDF, 197KB)

Revision of Ethics Code Standard 3.04 (Avoiding Harm)

APA Ethical Principles of Psychologists and Code of Conduct (2017) (PDF, 272KB)

2016 APA Ethics Committee Rules and Procedures

Revision of Ethical Standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as Amended 2010) (PDF, 26KB)

2010 Amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct" (PDF, 39KB)

Compare the 1992 and 2002 Ethics Codes

Advancing psychology to benefit society and improve people's lives



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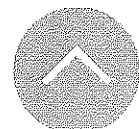
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Code of Ethics

PREAMBLE

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional

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Alliant International University
California School
of Professional Psychology

Defendant/City of Boca Raton's Trial

Exhibit No. 24

Otto, et al vs. City of Boca Raton, et al

Case No. 18-cv-80771

behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I

RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination.

Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent.

Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships.

Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others.

Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others.

Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct.

Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship.

Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making.

Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client.

Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals.

Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment.

Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record.

Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties.

Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II

CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality.

Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information.

Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency

situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.

Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities.

Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records.

Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes.

In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations.

Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

STANDARD III

PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency.

Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards.

Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance.

Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest.

Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records.

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills.

While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment.

Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation.

Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts.

Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence.

Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements.

Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct.

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to

their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV

RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation.

Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees.

Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees.

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.

Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism.

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees

Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.

Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision.

Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval.

When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5.2 Protection of Research Participants.

Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to

avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.

Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication.

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work.

Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism.

Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication.

Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI

TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.

Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their

communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise.

Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities.

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation.

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice.

Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology.

Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII

PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services.

Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings

Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence.

Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.

Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts.

Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles.

Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy.

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service.

Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules.

Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII

FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity.

Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies.

Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures.

Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services.

Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering.

Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment.

Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX

ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation.

Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials.

Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations.

Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification.

Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.

Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications.

Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization.

Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation.

Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

Download the AAMFT Code of Ethics PDF

Legal and Ethics Consultations

Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT's legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Pre-Allied Mental Health Professional Members, Allied Mental Professional Members, Pre-Clinical Fellow, and Clinical Fellow.

Ethics Complaint Process

The AAMFT Ethics Committee has the ability to investigate complaints against AAMFT members for alleged violations of the AAMFT Code of Ethics.



[Understanding the Benefits of Marriage and Family Therapy](#)

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IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)
individually and on behalf of his patients,)
JULIE H. HAMILTON, PH.D., LMFT,)
individually and on behalf of her patients,)

Civil Action No.: 9:18-cv-80771-RLR

Plaintiffs,)

v.)

CITY OF BOCA RATON, FLORIDA,)
and COUNTY OF PALM BEACH,)
FLORIDA,)

Defendants.)

**DEFENDANT, CITY OF BOCA RATON'S
RESPONSE TO PLAINTIFFS' FIRST SET OF REQUESTS INTERROGATORIES**

Pursuant to Fed. R. Civ. P. 26, 33, S.D. Fla. L.R. 26.1, and the Court's Joint Discovery Plan for Preliminary Injunction Motion ("Joint Discovery Plan") [ECF 50], Defendant, City of Boca Raton ("City") serves this response to the First Set of Interrogatories from Plaintiffs, Robert W. Otto and Julie H. Hamilton (collectively, "Plaintiffs"), and states as follows:

GENERAL OBJECTIONS

1. The City object to Plaintiffs' Instructions to the extent that they demand discovery efforts or production beyond what is required in the Federal Rules of Civil Procedure, the Local Rules for the Southern District of Florida, or the Court's orders regarding discovery.

INTERROGATORY 1:

[If your response to RFA 1 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 1 is anything other than an unqualified admission, then for each Complaint received by the City that a Minor was harmed by any SOCE counseling provided within the City, Identify (per Definition # 8): the Person(s) making the Complaint, the date of the Complaint, the nature of the conduct and harm alleged in the Complaint, the Person(s) receiving the Complaint, the Person(s) allegedly providing the SOCE counseling, the location(s) of the SOCE counseling, the date(s) of the SOCE counseling, the nature of the SOCE counseling, and the Person(s) allegedly harmed.

RESPONSE: RFA 1 is solely an unqualified admission.

INTERROGATORY 2:

[If your response to RFA 2 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 2 is anything other than an unqualified admission, then for each Complaint received by the City that a Minor was subjected to SOCE counseling within the City against that Minor's wishes or without that Minor's consent, Identify (per Definition # 8): the Person(s) making the Complaint, the date of the Complaint, the nature of the conduct and harm alleged in the Complaint, the Person(s) receiving the Complaint, the Person(s) allegedly providing the SOCE counseling, the location(s) of the SOCE counseling, the date(s) of the SOCE counseling, the nature of the SOCE counseling, and the Person(s) allegedly subjected involuntarily to SOCE counseling.

RESPONSE: To the extent Plaintiffs seek an admission based on an incorrect legal assumption, the City cannot admit or deny said request. *See* Chapter 743, Fla. Stat. To the extent Plaintiffs seek an admission that the City has not received any complaint that any Minor was subjected to SOCE counseling within the City against that Minor's wishes, the response to this portion of RFA 2 is an unqualified admission.

INTERROGATORY 3:

[If your response to RFA 3 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 3 is anything other than an unqualified admission, then for each study, research, or investigation conducted or commissioned by the City prior to enacting Ordinance 5407 to determine whether any Minor within the City had been harmed by any SOCE counseling or had been subjected to any SOCE counseling against the Minor's wishes or without

the Minor's consent, Identify (per Definition # 8): the Person(s) who conducted the study, research, or investigation; the date(s) when the study, research, or investigation was conducted; the nature of that study, research, or investigation; the results of that study, research, or investigation; and any Person(s) allegedly found to have been harmed by, or involuntarily subjected to, SOCE counseling.

[For the sake of clarity, this Interrogatory is limited to empirical studies, research, or investigations that the City itself undertook or commissioned, as opposed to studies, research, or investigations undertaken by third parties which the City may have reviewed or relied upon.]

RESPONSE: To the extent the City's public hearings may be considered investigations, the City held public hearings on September 25, 2017, and October 10, 2017, discussing Ordinance No. 5407, recordings of which are being produced contemporaneously hereto.

INTERROGATORY 4:

[If your response to RFA 4 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 4 is anything other than an unqualified admission, then for each study, research, or investigation conducted or commissioned by the City prior to enacting Ordinance 5407 to determine whether voluntary SOCE counseling, which a Minor who experiences unwanted same-sex attraction or gender confusion requests, consents to, and/or wishes to receive, is harmful to that Minor, Identify (per Definition # 8): the Person(s) who conducted the study, research, or investigation; the date(s) when the study, research, or investigation was conducted; the nature of that study, research, or investigation; the results of that study, research, or investigation; and any Person(s) allegedly found to have been harmed by any voluntary SOCE counseling.

[For the sake of clarity, this Interrogatory is limited to empirical studies, research, or investigations that the City itself undertook or commissioned, as opposed to studies, research, or investigations undertaken by third parties which the City may have reviewed or relied upon.]

RESPONSE: To the extent the City's public hearings may be considered investigations, the City held public hearings on September 25, 2017, and October 10, 2017, discussing Ordinance No. 5407, recordings of which are being produced contemporaneously hereto.

INTERROGATORY 5:

[If your response to RFA 5 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 5 is anything other than an unqualified admission, then for each third party study, research, investigation, resolution, or position paper reviewed by the City prior to enacting Ordinance 5407, Identify: the specific conclusion which you contend to have been made therein regarding voluntary SOCE counseling, which a Minor who experiences unwanted same-sex attraction or gender confusion requests, consents to, and/or wishes to receive; the specific page number(s) where you contend that conclusion to exist; and the specific portion of any meeting wherein the City considered that specific conclusion.

RESPONSE: Pursuant to Fed. R. Civ. P. 33(d), see documents produced in response to RFP 5.

INTERROGATORY 6:

[If your response to RFA 6 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 6 is anything other than an unqualified admission, then Identify: each study, research, investigation, resolution, or position paper reviewed by the City prior to enacting Ordinance 5407 which You contend to have examined the ability or inability of Minors to consent to SOCE counseling; the specific page number(s) where you contend that discussion to exist; and the specific portion of any meeting wherein the City considered that specific discussion.

RESPONSE: The City is incapable of admitting or denying RFA 6 because “consent” is a legal term and, pursuant to Florida law, Minors are incapable of consenting to SOCE counseling. *See* Chapter 743, Fla. Stat.

INTERROGATORY 7:

[If your response to RFA 7 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 7 is anything other than an unqualified admission, then for each less restrictive alternative to Ordinance 5407 considered or discussed by the City, Identify: the alternative measure considered or discussed by the City; all efforts conducted by the City to determine the feasibility or efficacy of that alternative measure; all reasons for rejecting that alternative measure; and the specific portion(s) of any meeting where that alternative measure was considered or discussed.

RESPONSE: Notwithstanding the City’s objection to the improper assumption on RFA

7, the City considered and adopted the least restrictive means of advancing the City's compelling interest in the physical and psychological well-being of minors and, notably, Ordinance No. 5407 provides a religious exemption for clergy or other religious leaders providing religious counseling or instruction to congregants.

INTERROGATORY 8:

Identify (per Definition # 8) all Persons employed by the City who had any involvement in drafting, considering, debating, amending, voting on, or enacting Ordinance 5407, and describe the nature of each such Person's involvement.

RESPONSE:

1. Scott Singer (former City Council Member and current Mayor) - considered, debated, and voted on Ordinance No. 5407
2. Andrea O'Rourke (City Council Member) – considered, debated, and voted on Ordinance No. 5407
3. Susan Haynie (former Mayor) – initiated the drafting of, considered, debated, and voted on Ordinance No. 5407
4. Robert Weinroth (former City Council Member) – considered, debated, and voted on Ordinance No. 5407
5. Jeremy Rodgers (City Council Member) – considered, debated, and voted on Ordinance No. 5407
6. Leif Ahnell (City Manager) – involved in having the draft of Ordinance No. 5407 placed on the City Council agenda
7. George Brown (Deputy City Manager) – provided input and was involved in the research of Ordinance No. 5407
8. Diana Grub Frieser (City Attorney) – researched, considered legal issues, drafted Ordinance No. 5407, and assisted in placing Ordinance No. 5407 on the City Council agenda
9. Christopher Fernandez (Assistant City Attorney) – researched, considered legal issues, drafted Ordinance No. 5407, and assisted in placing Ordinance No. 5407 on the City Council agenda

INTERROGATORY 9:

Identify (per Definition # 8) all Persons (including organizations) with which the City consulted, collaborated, or otherwise communicated Concerning the drafting, consideration, debate, amendment, voting, or enactment of Ordinance 5407, and describe the nature of each such Person's involvement.

RESPONSE: The City has identified communications with the Palm Beach Human Rights Council, the City of Boynton Beach, the Village of Wellington, Delray Beach, Lake Worth, Palm Beach County, and Sandi Schwartz concerning the drafting, consideration, debate, amendment, voting or enactment of Ordinance No. 5407, not including oral

communications regarding Ordinance No. 5407 that the City's employees and/or officials may have had in an unofficial capacity. The City reserves the right to identify additional persons and/or organizations as they become known.

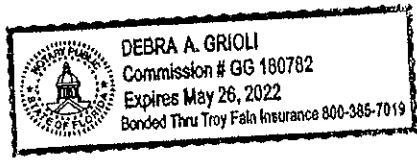
VERIFICATION

By: George S. Brown

STATE OF FLORIDA)
COUNTY OF Palm Beach) ss:

BEFORE ME, the undersigned authority, personally appeared George S. Brown
_____, on behalf of Defendant, City of Boca Raton, who is personally known to me or who has
produced the following identification _____ and, who, after being first
duly sworn by me says that he has read the foregoing Answers to Interrogatories and that the
same are true and correct.

WITNESS my hand and official seal in the County and State last aforesaid this 21st
day of August, 2018.



Debra A. Grioli
Notary Public, State of Florida
My Commission Expires: 5/26/22

IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)
individually and on behalf of his patients,)
JULIE H. HAMILTON, PH.D., LMFT,)
individually and on behalf of her patients,)

Civil Action No.: 9:18-cv-80771-RLR

Plaintiffs,)

v.)

CITY OF BOCA RATON, FLORIDA,)
and COUNTY OF PALM BEACH,)
FLORIDA,)

Defendants.)

**DEFENDANT, CITY OF BOCA RATON'S AMENDED
RESPONSE TO PLAINTIFFS' FIRST SET OF REQUESTS INTERROGATORIES**

Pursuant to Fed. R. Civ. P. 26, 33, S.D. Fla. L.R. 26.1, and the Court's Joint Discovery Plan for Preliminary Injunction Motion ("Joint Discovery Plan") [ECF 50], Defendant, City of Boca Raton ("City") serves this Amended Response to the First Set of Interrogatories from Plaintiffs, Robert W. Otto and Julie H. Hamilton (collectively, "Plaintiffs"), and states as follows:

INTERROGATORY 6:

[If your response to RFA 6 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 6 is anything other than an unqualified admission, then Identify: each study, research, investigation, resolution, or position paper reviewed by the City prior to enacting Ordinance 5407 which You contend to have examined the ability or inability of Minors to consent to SOCE counseling; the specific page number(s) where you contend that discussion to exist; and the specific portion of any meeting wherein the City considered that specific discussion.

RESPONSE: The City is incapable of admitting or denying RFA 6 because "consent" is a legal term and, pursuant to Florida law, Minors are incapable of consenting to SOCE counseling. See Chapter 743, Fla. Stat. To the extent Plaintiffs define to "consent" as

“voluntary assent,” as opposed to “legal consent,” the City considered the following studies examining a minor’s ability or inability to “voluntarily assent” to SOCE, as stated in the “Whereas” clause of Ordinance No. 5407 (City Bates Nos. 1-8):

1. 2009 Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (City Bates Nos. 19-156), pp. 5, 68-69, 74, 76, 77, 79
2. 2015 Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth (City Bates Nos. 185-255), pp. 3, 27, 31-32, 46, 51
3. American Academy of Child & Adolescent Psychiatry, Practice Parameter on Gay, Lesbian, or Bisexual Orientation, Gender Non-Conformity, and Gender Discordance in Children and Adolescents (City Bates Nos. 163-180), p. 969

INTERROGATORY 7:

[If your response to RFA 7 is solely an unqualified admission, you may state so in response here and skip the remainder of this Interrogatory].

If your response to RFA 7 is anything other than an unqualified admission, then for each less restrictive alternative to Ordinance 5407 considered or discussed by the City, Identify: the alternative measure considered or discussed by the City; all efforts conducted by the City to determine the feasibility or efficacy of that alternative measure; all reasons for rejecting that alternative measure; and the specific portion(s) of any meeting where that alternative measure was considered or discussed.

RESPONSE: Notwithstanding the City’s objection to the improper assumption on RFA 7, the City considered and adopted the least restrictive means of advancing the City’s compelling interest in the physical and psychological well-being of minors and, notably, Ordinance No. 5407 provides a religious exemption for clergy or other religious leaders providing religious counseling or instruction to congregants. To the extent RFA 7 refers only to “alternatives” considered by the City, the City considered the “Model Conversion Therapy Ban Ordinance,” (City Bates Nos. 1157-1162) submitted by the Palm Beach County Human Rights Council, which was rejected in part, as set forth in City Bates Nos. 9-10. This alternative was not discussed a public City Council meeting. The City also considered not adopting Ordinance No. 5407 though, based on the enactment of Ordinance No. 5407, the City determined that this would not serve the compelling interest of the physical and psychological well-being of minors. The alternative of not adopting Ordinance No. 5407 was considered during the October 10, 2017 City Council Meeting during the vote of the City Commissioners. *See* City Bates Nos. 319-332.

INTERROGATORY 8:

Identify (per Definition # 8) all Persons employed by the City who had any involvement in drafting, considering, debating, amending, voting on, or enacting Ordinance 5407, and describe the nature of each such Person’s involvement.

RESPONSE:

1. Scott Singer (former City Council Member and current Mayor) - considered, debated, and voted on Ordinance No. 5407
2. Andrea O'Rourke (City Council Member) – considered, debated, and voted on Ordinance No. 5407
3. Susan Haynie (former Mayor) – initiated the drafting of, considered, debated, and voted on Ordinance No. 5407
4. Robert Weinroth (former City Council Member) – considered, debated, and voted on Ordinance No. 5407
5. Jeremy Rodgers (City Council Member) – considered, debated, and voted on Ordinance No. 5407
6. Leif Ahnell (City Manager) – involved in having the draft of Ordinance No. 5407 placed on the City Council agenda
7. George Brown (Deputy City Manager) – provided input and was involved in the research of Ordinance No. 5407
8. Diana Grub Frieser (City Attorney) – researched, considered legal issues, drafted Ordinance No. 5407, and assisted in placing Ordinance No. 5407 on the City Council agenda
9. Christopher Fernandez (Assistant City Attorney) – researched, considered legal issues, drafted Ordinance No. 5407, and assisted in placing Ordinance No. 5407 on the City Council agenda

These individuals shall only be contacted through the City's counsel, Daniel L. Abbott and Anne R. Flanigan, Weiss Serota Helfman Cole & Bierman, P.L., and should a subpoena be necessary to secure the above-listed individuals' attendance at a proceeding, the City's counsel shall provide the appropriate address to Plaintiffs.

INTERROGATORY 9:

Identify (per Definition # 8) all Persons (including organizations) with which the City consulted, collaborated, or otherwise communicated Concerning the drafting, consideration, debate, amendment, voting, or enactment of Ordinance 5407, and describe the nature of each such Person's involvement.

RESPONSE: The City has identified communications with the Palm Beach Human Rights Council, the City of Boynton Beach, the Village of Wellington, Delray Beach, Lake Worth, Palm Beach County, and Sandi Schwartz concerning the drafting, consideration, debate, amendment, voting or enactment of Ordinance No. 5407, not including oral communications regarding Ordinance No. 5407 that the City's employees and/or officials may have had in an unofficial capacity. The contact information for these entities, officials, and/or individuals is being provided, pursuant to Rule 1.340, Fed. R. Civ. P., in City Bates Nos. 789-800, 1104-1151, 1173. The City reserves the right to identify additional persons and/or organizations as they become known.

VERIFICATION

By: _____

[Handwritten signature]

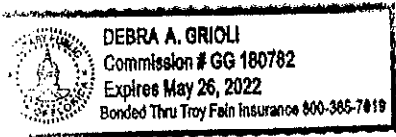
STATE OF FLORIDA)

COUNTY OF Palm Beach)

) ss:
)

BEFORE ME, the undersigned authority, personally appeared Michael
Wika, on behalf of Defendant, City of Boca Raton, who is personally known to me or who has
produced the following identification _____ and, who, after being first
duly sworn by me says that he has read the foregoing Answers to Interrogatories and that the
same are true and correct.

WITNESS my hand and official seal in the County and State last aforesaid this 11th
day of September, 2018.



Debra A. Grioli
Notary Public, State of Florida
My Commission Expires: 5/26/22

IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)	
individually and on behalf of his patients,)	
JULIE H. HAMILTON, PH.D., LMFT,)	
individually and on behalf of her patients,)	Civil Action No.: <u>9:18-cv-80771-RLR</u>
)	
Plaintiffs,)	INJUNCTIVE RELIEF SOUGHT
v.)	
)	
CITY OF BOCA RATON, FLORIDA,)	
and COUNTY OF PALM BEACH,)	
FLORIDA,)	
)	
Defendants)	

**PLAINTIFF ROBERT W. OTTO, PH.D., LMFT’S OBJECTIONS AND RESPONSES
TO THE PRELIMINARY INJUNCTION INTERROGATORIES
OF DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 33, and Local Rule 26.1, Plaintiff Robert W. Otto, Ph.D., LMFT (“Otto”), by and through counsel, hereby provides the following responses and objections to Defendant County of Palm Beach’s Preliminary Injunction Interrogatories. Otto hereby reserves all objections to the relevance, use or admissibility of any of these Interrogatories and responses. Subject to the foregoing, Otto objects and otherwise responds as follows:

1. Please state the name and address of the person or persons answering these interrogatories and if applicable the official position or relationship with the party to whom the interrogatories are directed.

RESPONSE: The person providing the substantive information disclosed in these interrogatory responses, and verifying them under oath, is Plaintiff Robert W. Otto, who may be contacted through his undersigned counsel. The objections to these interrogatories are made by the undersigned counsel.

2. Explain the legal basis for your assertion that a minor can legally undergo gender reassignment surgery and breast augmentation without the consent of a parent or legal guardian.

OBJECTION: Otto objects to this Interrogatory because it misstates Otto's positions. Otto further objects to this interrogatory because it expressly calls for a legal conclusion. Otto is not a lawyer. The "legal basis" for his positions is provided by his counsel in briefs, and is not a proper subject of interrogatories to Otto.

3. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to change the minor's sexual orientation or gender identity.

OBJECTIONS: Otto objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Otto's speech or conduct after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to his speech or conduct prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail everything" he says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to what Otto generally says or does, or wishes to say or do, on the requested topic. To the extent Otto provides examples, they are not exhaustive or inclusive of "everything" Otto says or does, or wishes to say or do, in every context. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Otto notes that the way this Interrogatory is worded implies that sexual orientation is a fixed concept that he is trying to change. Otto objects to that characterization as misleading and disagrees with the Interrogatory's premise, assumption and articulation of the issue. Otto notes that his marriage and family therapy practice is focused solely on helping a client achieve his or her stated goals, not a preconceived notion that he "seeks" to change behaviors, thoughts or feelings. Otto focuses on the issues that the client wants to address, including those situations where clients seek assistance in conforming their identity and attractions to their sincerely held religious beliefs, values, and concept of self.

For the Informed Consent Form for Counseling Regarding Unwanted Same-Sex Attractions and Behaviors, which Otto has adopted for clients of his practice, SDG Counseling, LLC, see Otto 008-009, produced in response to the County's Requests for Production.

4. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to reduce or eliminate "unwanted same-sex attractions or behaviors."

OBJECTIONS: Otto objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Otto's speech or conduct after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to his speech or conduct prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail everything" he says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to what Otto generally says or does, or wishes to say or do, on the requested topic. To the extent Otto provides examples, they are not exhaustive or inclusive of "everything" Otto says or does, or wishes to say or do, in every context. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Otto notes that the way this Interrogatory is worded implies that sexual orientation is a fixed concept that he is trying to change. Otto objects to that characterization as misleading and disagrees with the Interrogatory's premise, assumption and articulation of the issue. Otto notes that his marriage and family therapy practice is focused solely on helping a client achieve his or her stated goals, not a preconceived notion that he "seeks" to change behaviors, thoughts or feelings. Otto focuses on the issues that the client wants to address, including those situations where clients seek assistance in conforming their identity and attractions to their sincerely held religious beliefs, values, and concept of self.

For the Informed Consent Form for Counseling Regarding Unwanted Same-Sex Attractions and Behaviors, which Otto has adopted for clients of his practice, SDG

Counseling, LLC, see Otto 008-009, produced in response to the County's Requests for Production.

5. Describe in detail everything you wish to be able to say outside of a therapy session that you contend is prohibited by the County's ordinance.

OBJECTIONS: Otto objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail everything" he wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly where the Interrogatory purports to ask about every situation "outside of a therapy session" that Otto would ever find himself in, or every speech, communication, presentation or interaction "outside of a therapy session" that Otto would ever participate in. Otto will therefore respond to the Interrogatory as if limited to what Otto generally might wish to say in some instances outside of a formal therapy session. To the extent Otto provides examples, they are not exhaustive or inclusive of "everything" Otto wishes to say in every context. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

Otto further objects to this Interrogatory because it calls for a legal conclusion. Otto is not a lawyer, but will provide his understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

RESPONSE: Otto notes that, according to the Ordinance, so-called "conversion therapy" – which Otto has never used to describe his practice and knows of no other licensed mental health professional who employs such term – means "the practice of seeking to change an individual's sexual orientation or gender identity, including but not limited to efforts to change behaviors, gender identity, or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex." Otto notes that the Ordinance also states that, "It shall be unlawful for any Provider to engage in conversion therapy on any minor regardless of whether the Provider receives monetary compensation in exchange for such services."

Otto is left to guess at any number of situations in which these provisions would prohibit him from discussing certain issues outside of a formal therapy session. Based on the Ordinance, as a licensed provider, Otto is not permitted to attempt to help a minor with changes the minor wishes to make, even if he is not getting paid. Even if Otto is outside of his counseling office, and merely talking to or trying to help a friend's son or daughter address their unwanted same-sex attractions, behaviors, identity, or gender confusion, the Ordinance would prohibit that kind of speech. Under the Ordinance, Otto also notes that such a restriction would apply to conversations he would have with his own grandchild or with other minors in his extended family or network of friends.

The Ordinance prohibits "the practice of seeking to change," which in Otto's field consists of conversations between him and those whom he is trying to help. Therefore, the Ordinance prohibits Otto from even having conversations that would seek to help minors

with changes they wish to make in the areas prohibited by the Ordinance, even if he is outside the office, not getting paid for such help. Otto also notes that such a broad prohibition may even apply to him giving lectures, speeches, or lessons at a church or local organization that desires to assist parents and children who are struggling with such issues.

Otto would also like to be able to advertise his services to minors who seek to reduce or eliminate their unwanted same-sex attractions, behaviors, identity, or gender confusion (and their parents). Otto would like to be able to advertise on websites, through radio, in published print, in brochures, through verbal communications, and via other mechanisms to offer his services in this area. Because of the Ordinance, however, Otto is prohibited from distributing such advertisements because he cannot advertise something that he is not legally permitted to offer.

6. Describe in detail everything you wish to be able to say in therapy to a minor patient that you contend is prohibited by the County's ordinance.

OBJECTIONS: Otto objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail everything" he wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to what Otto generally might wish to say in some instances in a therapy session with a minor. To the extent Otto provides examples, they are not exhaustive or inclusive of "everything" Otto wishes to say in every context. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

Otto further objects to this Interrogatory because it calls for a legal conclusion. Otto is not a lawyer, but will provide his understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

RESPONSE: Otto contends that the Ordinance is prohibiting him from saying anything that might possibly be construed, understood, or inferred to be seeking to help a minor reduce or eliminate unwanted same-sex attractions, behaviors, or identity or gender confusion, even when such statements are not uttered with the express aim of changing a minor's sexual orientation or gender identity. Otto notes that he does not engage in therapy where his goal is to change any client's sexual orientation or gender identity, but that he seeks to help clients achieve the goals that the clients themselves determine are appropriate for them. Under the Ordinance, not only is Otto prohibited from engaging in such talk therapy with his clients, but his clients are prohibited from even having certain goals in the therapeutic alliance, even when those goals are necessary for the clients to live consistently with their sincerely held religious beliefs, values, and concept of self.

Otto cannot possibly describe in this response every potential issue or statement that he might like to address in a therapeutic setting because his talk therapy practice is never the same for every client. Otto's practice focuses on conversations and discussions that address

what the clients present with, what the clients wish to explore or address, and the goals and aims that the clients wish to pursue.

Some examples of what Otto is prohibited from discussing in his practice include the following: talking about a minor client's unwanted, non-heterosexual sexual behaviors, thoughts, or feelings; conversations concerning the origins of the client's unwanted feelings; conversations concerning potential causes of such unwanted feelings, such as social information, experiences, and potential abuse; and conversations concerning the client's religious beliefs and how the client's unwanted attractions or feelings collide with those religious beliefs.

Otto would like to be able to discuss family and other support available to the client. He would talk about how the client has dealt with unwanted same-sex attractions or feelings to date, about setting up boundaries to assist the client make the choices the client wants to make, and about triggers. Otto would like to talk about what goals the client has for this area of life, including any changes to specific behaviors or thoughts that the client may see as problematic. Otto would like to talk about how adolescent brain development impacts a teen's ability to make rational decisions rather than emotional decisions. Otto would like to talk about different feelings that people may have but choose not to act upon. Otto would also like to talk about how people sometimes use sex, relationships and pornography to medicate or cope with uncomfortable feelings. Otto would also like to talk about neurochemistry and how that plays a part in sexuality.

Because of the Ordinance, Otto cannot discuss any of these issues or topics in therapy sessions with minors, because they may lead to change or may be construed as "efforts to change."

7. Describe in detail what "talk therapy" practices you employed, prior to the passage of the County's ordinance, to reduce or eliminate same-sex attractions. Specify what concepts and information you communicated as "truth," what advice was generally given, and what tools you generally recommended the minor employ.

OBJECTIONS: Otto objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail" the therapy he provided and advice he gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to Otto's general approach to talk therapy with same-sex attracted clients prior to the enactment of the Ordinance. To the extent Otto provides examples, they are not exhaustive or inclusive of everything Otto said or did in such therapy sessions. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Otto incorporates his response to Interrogatory 6 to illustrate the general nature of his talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

As to the question related to “truth,” Otto notes that approximately 90 percent of his clients profess to be Bible-believing Christians with sincerely held religious beliefs that the Bible is the source of all truth. Otto shares those beliefs and therapy sessions sometimes include discussion of Biblical truths, including that God created men and women, that they are distinctly different, and that their design was purposeful. Otto’s Christian, Jewish, and Muslim clients all hold the same sincerely held religious beliefs as Otto in this area.

Otto sometimes also conveys the biological truth that male and female bodies are different even down the individual cell level. Otto sometimes shares that every cell in man’s body has an X and a Y chromosome, and every cell in the female body has 2 X chromosomes (with the only exception being the sperm and egg cells which only have one chromosome). Otto sometimes discusses neuro-chemistry and its impact on human sexuality.

8. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 7 above.

OBJECTION/RESPONSE: Otto objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the use of client-centered therapy. Construing this Interrogatory as limited to those articles, research papers, and reports that Otto has reviewed, gained some personal insight from, and recalls as of the time of this response, Otto provides the following response: See PLJoint 081-793 produced in response to the County’s Requests for Production.

9. Describe in detail what “talk therapy” practices you employed, prior to the passage of the County’s ordinance, to seek to change a minor’s sexual orientation or gender identity. Specify what concepts and information you communicated as “truth,” what advice was generally given, and what tools you generally recommended the minor employ.

OBJECTIONS: Otto objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to “describe in detail” the therapy he provided and advice he gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to Otto’s general approach to talk therapy with same-sex attracted clients and gender confused clients prior

to the enactment of the Ordinance. To the extent Otto provides examples, they are not exhaustive or inclusive of everything Otto said or did in such therapy sessions. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Otto incorporates his responses to Interrogatories 6 and 7 to illustrate the general nature of his talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

Otto has not found it helpful to discuss sexual orientation as a concept in itself during therapy sessions. He notes that sexual orientation is not a behavior, thought, or feeling, and that labeling such behaviors, thoughts, and feelings with the “sexual orientation” label presupposes that such a trait is fixed and immutable, which the scientific literature does not support. Both the research Otto has reviewed and his own experience in his practice confirms that such a fixed and immutable description is not accurate.

Otto further responds that he has not yet had clients present issues related to gender identity or gender identity confusion.

10. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 9 above.

OBJECTION/RESPONSE: Otto incorporates by reference, as if fully restated herein, his Objection/Response to Interrogatory 8.

11. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, are the root causes of their “unwanted same-sex attractions, behaviors, and identity.”

OBJECTIONS: Otto objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Otto’s speech or conduct after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to his speech or conduct prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to “describe in detail” what he has told every SOCE counseling

minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to Otto's general approach to talk therapy with same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Otto provides examples, they are not exhaustive or inclusive of everything Otto said or did in such therapy sessions. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: According to the research, there is no conclusive information about the root causes of unwanted same-sex attractions, behaviors, and identity. According to the APA, both nature and nurture play a role. According to the APA Handbook on Sexuality and Psychology (2014), there may be a link between lack of a same-sex parent and later homosexuality. The authors of various studies have also described a possible correlation between sexual abuse and homosexuality.

In his practice, depending on the needs of his individual clients, Otto generally discusses several things that can serve as contributing factors to a client's unwanted same-sex attractions, behaviors, and identity, such as societal influences, peers, peer influences, abuse, parenting issues, parent and child relationship issues, trauma, and curiosity. Otto discusses with his clients that there is no research that can point to one single "root cause" of an individual's unwanted same-sex attractions, behaviors, or identity, but notes that the research does not support the commonly proclaimed myth that people are "born gay."

12. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, about gender roles and identities.

OBJECTIONS: Otto objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Otto's speech or conduct after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to his speech or conduct prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory because it inappropriately calls for a narrative response and requires him to "describe in detail" what he has told every SOCE counseling minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy he practices, where no two interactions are exactly alike. Otto will therefore respond to the Interrogatory as if limited to Otto's general approach to talk therapy with

same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Otto provides examples, they are not exhaustive or inclusive of everything Otto said or did in such therapy sessions. Otto is prepared to supplement his response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Otto notes that approximately 90 percent of his clients profess to be Bible-believing Christians with sincerely held religious beliefs that the Bible is the source of all truth, including on matters of gender roles. Otto shares those beliefs and therapy sessions sometimes include discussion of Biblical truths, including that God created men and women, that they are distinctly different, and that their design was purposeful. Otto's Christian, Jewish, and Muslim clients all hold the same sincerely held religious beliefs as Otto in this area. Otto's conversations in this area have involved speaking of gender roles and a client's identity from a Christian perspective and viewpoint, specifically looking at what the Bible says on such matters.

13. Describe the principles and methods of the "talk therapy" practices you wish to use but claim that you cannot because of the passage of the County's ordinance.

OBJECTION/RESPONSE: Otto incorporates by reference, as if fully restated herein, his Objections and Responses to Interrogatories 6, 7 and 9.

In addition, Otto states that, because the Ordinance is vague and ambiguous, he does not know how the County is interpreting and applying it, and he does not know the full extent of what the Ordinance prohibits. In essence, the Ordinance prohibits Otto from assisting his minor clients in accomplishing the goals they have for their lives, many of which arise because of their sincerely held religious beliefs, values, and concept of self. Some of his clients' goals are no longer permissible under the Ordinance. The County has taken away the fundamental right of certain clients to self-determination in that they cannot have the goals of changing homosexual behaviors, seeking to understand and thereby diminish, if possible, homosexual attractions; and becoming more secure in their biological sex when their gender identity does not match their biological sex.

14. Describe the principles and methods of the "talk therapy" practices that can reduce or eliminate same-sex attractions.

OBJECTION/RESPONSE: Otto incorporates by reference, as if fully restated herein, his Objections and Responses to Interrogatories 6, 7 and 9.

15. Describe the principles and methods of the “talk therapy” practices that can change a minor’s sexual orientation or gender identity.

OBJECTION/RESPONSE: Otto incorporates by reference, as if fully restated herein, his Objections and Responses to Interrogatories 6, 7 and 9.

16. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the conclusion that unwanted same-sex attractions result from trauma.

OBJECTION/RESPONSE: Otto objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the correlation between unwanted same-sex attractions and sexual abuse or trauma. Construing this Interrogatory as limited to those articles, research papers, and reports that Otto has reviewed, gained some personal insight from, and recalls as of the time of this response, Otto provides the following response:

Dr. Lawrence S. Mayer and Dr. Paul R. McHugh, “Sexuality and Gender: Findings from a Biological, Psychological, and Social Sciences.” The New Atlantis, Fall 2016, <https://www.thenewatlantis.com/publications/number-50-fall-2016>

Friedman, M.S., Marshal, M.P., Guadamuz, T.E., et. al. “A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals.” American Journal of Public Health, August 2011, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.190009>

17. Have you ever counseled a minor to assist them in coping with wanted same-sex attractions? If so, please identify how many minors you have so helped in the last 5 years.

RESPONSE: Otto has not counseled a minor seeking to cope with wanted same-sex attractions. Otto is a Christian counselor. He has worked at a Christian counseling center on the campus of a Christian church. He has marketed his services via Christian friends, churches, Christian schools, and doctors and lawyers who are Christians. Most of Otto’s clients share the same Christian convictions or are at least comfortable working from this framework. If a client was looking for help becoming comfortable with same-sex attractions, Otto would refer that client to professionals who would be better able to help, as is common in his profession.

18. In the year prior to the passage of the County's ordinance at issue, what percentage of your practice involved counseling that sought to change a minor's gender identity of [*sic*] sexual orientation and what percentage of your counseling sought to assist a minor in embracing or coping with a non-heterosexual orientation or a gender identity that differed from their anatomical sex?

RESPONSE: Otto has not had a client present with issues related to gender identity or gender identity confusion. As to minors who present with stated goals to conform their sexual attractions, behaviors, or identity to their sincerely held religious beliefs, values, or concept of self, in a typical year prior to the enactment of the Ordinance they accounted for a small part (approximately five percent) of Otto's practice.

19. Explain with specificity and in detail (a) the decline in profit your practice has sustained since or as a result of the passage of the County's conversion-therapy ban ordinance at issue; (b) identify the actual dollar amount of the decline in profit; (c) and identify the specific methodology you utilized to compute (a) and (b) above.

OBJECTION: Otto objects to this Interrogatory on the grounds that it is premature. The Preliminary Injunction Hearing is concerned exclusively with the irreparable and incalculable harm that the unconstitutional Ordinance is imposing on Otto and his clients each and every day it remains in effect, by virtue of its indiscriminate ban on constitutionally protected speech, and its violation of other constitutional liberties. This is the primary harm this lawsuit seeks to redress. Accordingly, it is not proper for "Preliminary Injunction Interrogatories" to request a calculation of money damages. Otto does not seek money damages at the Preliminary Injunction Hearing.

In the subsequent merits and damages phase of discovery following the Preliminary Injunction Hearing, Otto will attempt to calculate his lost revenues and profits from the clients he has had to turn away following enactment of the Ordinance, and will provide same to Defendants, provided Defendants stipulate that such disclosure does not amount to any waiver of Otto's Fifth Amendment Privilege with respect to any other information. To the extent lost revenues and profits from clients turned away on account of the Ordinance can be calculated, they would constitute only a portion of the harm suffered by Otto and his clients, and they could not make Otto or his clients whole for the irreparable harm imposed by the Ordinance.

20. Identify by first and last initial and age only all minor clients with whom you completely terminated your professional relationship because of the passage of the County's ordinance at issue and the date of the termination.

OBJECTION: Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance.

Otto further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks him to divulge too much identifying information regarding his clients.

Otto is willing to provide the number of "Doe" clients or potential clients, and their ages, whom he has had to turn away, or for whom he has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not amount to any waiver of Otto's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

21. Identify by first and last initial and age only all minor clients with whom you substantially changed your professional relationship because of the passage of the County's ordinance at issue.

OBJECTION: Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance.

Otto further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks him to divulge too much identifying information regarding his clients.

Otto is willing to provide the number of "Doe" clients or potential clients, and their ages, whom he has had to turn away, or for whom he has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not

amount to any waiver of Otto's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

22. Identify by first and last initial and age only all clients whom were minors (under age 18) when they initially engaged your counseling services that are or were experiencing unwanted same-sex attractions and wanted to reduce or eliminate the unwanted desire within the last ten years.

OBJECTION: To the extent the Interrogatory purports to request information about Otto's minor clients after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to the nine (9) years prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks him to divulge too much identifying information in relation to these clients. Otto construes this Interrogatory to only request the number and approximate ages of clients seeking help for unwanted same-sex attractions.

RESPONSE: In the nine (9) years prior to the enactment of the Ordinance, Otto had the following minor clients who sought help with unwanted same-sex attractions:

Doe 1 (high school student)
Doe 2 (high school student)
Doe 3 (high school student)
Doe 4 (high school student)

23. Do you admit that therapy you wish to provide is a mental health treatment? If not, please explain why.

RESPONSE: Otto admits that the SOCE counseling he wishes to provide to the minor clients who seek and desire it is a form of treatment carried out solely through speech, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as treatment or procedure in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

24. Do you admit that therapy you wish to provide is professional conduct? If not, please explain why.

RESPONSE: Otto denies that the SOCE counseling he wishes to provide to the minor clients who seek and desire it is professional conduct, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as conduct in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

As to Objections:

/s/ Horatio G. Mihet
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Attorneys for Plaintiffs

VERIFICATION

I, Robert W. Otto, Ph.D., LMFT, declare under penalty of perjury under the laws of the United States of America that the foregoing interrogatory responses are true and correct.

/s/ Robert W. Otto
Robert W. Otto, Ph.D., LMFT

CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

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WEISS SEROTA HELFMAN COLE & BIERMAN, P.L.

Attorneys for Defendant City of Boca Raton, Florida

/s/ Horatio G. Mihet

Horatio G. Mihet

Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)	
individually and on behalf of his patients,)	
JULIE H. HAMILTON, PH.D., LMFT,)	
individually and on behalf of her patients,)	Civil Action No.: <u>9:18-cv-80771-RLR</u>
)	
Plaintiffs,)	INJUNCTIVE RELIEF SOUGHT
v.)	
)	
CITY OF BOCA RATON, FLORIDA,)	
and COUNTY OF PALM BEACH,)	
FLORIDA,)	
)	
Defendants)	

**PLAINTIFF ROBERT W. OTTO, PH.D., LMFT'S FIRST SUPPLEMENTAL
OBJECTIONS AND RESPONSES TO THE PRELIMINARY INJUNCTION
INTERROGATORIES OF DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 33, and Local Rule 26.1, Plaintiff Robert W. Otto, Ph.D., LMFT ("Otto"), by and through counsel, hereby provides the following First Supplemental responses and objections to Defendant County of Palm Beach's Preliminary Injunction Interrogatories. Otto hereby reserves all objections to the relevance, use or admissibility of any of these Interrogatories and responses. Subject to the foregoing, Otto objects and otherwise responds as follows:

22. Identify by first and last initial and age only all clients whom were minors (under age 18) when they initially engaged your counseling services that are or were experiencing unwanted same-sex attractions and wanted to reduce or eliminate the unwanted desire within the last ten years.

OBJECTION: To the extent the Interrogatory purports to request information about Otto's minor clients after the enactment of the Ordinance in suit, Otto objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Otto has been forced to alter his speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Otto notes that the Ordinance is not only

vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Otto does not wish to provide the County with any information upon which to prosecute him for any unknowing violations of the Ordinance. Otto will therefore respond to the Interrogatory as if limited to the nine (9) years prior to the enactment of the Ordinance.

Otto further objects to this Interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks him to divulge too much identifying information in relation to these clients. Otto construes this Interrogatory to only request the number and ages of clients seeking help for unwanted same-sex attractions.

RESPONSE: In the nine (9) years prior to the enactment of the Ordinance, Otto had the following minor clients who sought help with unwanted same-sex attractions:

Doe 1 (age 14)
Doe 2 (age 14)
Doe 3 (age 16)
Doe 4 (age 16)

As to Objections:

/s/ Horatio G. Mihet
Horatio G. Mihet (FL Bar 026581)
Roger K. Gannam (FL Bar 240450)
LIBERTY COUNSEL
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Orlando, FL 32854
Phone: (407) 875-1776
Email: court@lc.org

Attorneys for Plaintiffs

VERIFICATION

I, Robert W. Otto, Ph.D., LMFT, declare under penalty of perjury under the laws of the United States of America that the foregoing interrogatory responses are true and correct.

/s/ Robert W. Otto
Robert W. Otto, Ph.D., LMFT

CERTIFICATE OF SERVICE

I hereby certify that on this 27th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

Rachel Fahey

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WEISS SEROTA HELFMAN COLE & BIERMAN, P.L.

Attorneys for Defendant City of Boca Raton, Florida

/s/ Horatio G. Mihet

Horatio G. Mihet

Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)	
individually and on behalf of his patients,)	
JULIE H. HAMILTON, PH.D., LMFT,)	
individually and on behalf of her patients,)	Civil Action No.: <u>9:18-cv-80771-RLR</u>
)	
Plaintiffs,)	INJUNCTIVE RELIEF SOUGHT
v.)	
)	
CITY OF BOCA RATON, FLORIDA,)	
and COUNTY OF PALM BEACH,)	
FLORIDA,)	
)	
Defendants)	

**PLAINTIFF JULIE H. HAMILTON, PH.D., LMFT’S OBJECTIONS AND RESPONSES
TO THE PRELIMINARY INJUNCTION INTERROGATORIES OF
DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 33, and Local Rule 26.1, Plaintiff Julie H. Hamilton, Ph.D., LMFT (“Hamilton”), by and through counsel, hereby provides the following responses and objections to Defendant County of Palm Beach’s Preliminary Injunction Interrogatories. Hamilton hereby reserves all objections to the relevance, use or admissibility of any of these Interrogatories and responses. Subject to the foregoing, Hamilton objects and otherwise responds as follows:

1. Please state the name and address of the person or persons answering these interrogatories and if applicable the official position or relationship with the party to whom the interrogatories are directed.

RESPONSE: The person providing the substantive information disclosed in these interrogatory responses, and verifying them under oath, is Plaintiff Julie H. Hamilton, who may be contacted through her undersigned counsel. The objections to these interrogatories are made by the undersigned counsel.

2. Explain the legal basis for your assertion that a minor can legally undergo gender reassignment surgery and breast augmentation without the consent of a parent or legal guardian.

OBJECTION: Hamilton objects to this Interrogatory because it misstates Hamilton's positions. Hamilton further objects to this interrogatory because it expressly calls for a legal conclusion. Hamilton is not a lawyer. The "legal basis" for her positions is provided by her counsel in briefs, and is not a proper subject of interrogatories to Hamilton.

3. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to change the minor's sexual orientation or gender identity.

OBJECTIONS: Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton's speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally says or does, or wishes to say or do, on the requested topic. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton says or does, or wishes to say or do, in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Hamilton does not "conduct any therapeutic practice" as if it is something "done" to a client. Hamilton's practice involves only talk therapy, which is a conversation that takes place between herself and the client. Hamilton asks the client what his or her goal is and how the client believes Hamilton can be helpful to them during the course of therapy.

When a client presents with a therapeutic goal of conforming their attractions and behaviors to their sincerely held religious beliefs or desires to reduce or eliminate unwanted same-sex attractions, behaviors, identity, or gender confusion, Hamilton discusses the reasons why the client desires such counseling. Hamilton explains that there are no absolute guarantees in mental health counseling. Hamilton explains that behavior and thoughts are changeable, but that there is no guarantee feelings or attractions will always change. Hamilton also informs the client that while many clients can and do experience a successful reduction or elimination of their unwanted same-sex attractions, behaviors, or identity or gender confusion, there is no guarantee that such results are always attainable or equal in degree.

4. Describe in detail everything you included when you sought the informed consent of a minor to conduct any therapeutic practice that seeks to reduce or eliminate “unwanted same-sex attractions or behaviors.”

OBJECTIONS: Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton’s speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail everything” she says or does on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally says or does, or wishes to say or do, on the requested topic. To the extent Hamilton provides examples, they are not exhaustive or inclusive of “everything” Hamilton says or does, or wishes to say or do, in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Hamilton does not “conduct any therapeutic practice” as if it is something “done” to a client. Hamilton’s practice involves only talk therapy, which is a conversation that takes place between herself and the client. Hamilton asks the client what his or her goal is and how the client believes Hamilton can be helpful to them during the course of therapy.

When a client presents with a therapeutic goal of conforming their attractions and behaviors to their sincerely held religious beliefs or desires to reduce or eliminate unwanted same-sex attractions, behaviors, identity, or gender confusion, Hamilton discusses the reasons why the client desires such counseling. Hamilton explains that there are no absolute guarantees in mental health counseling. Hamilton explains that behavior and thoughts are changeable, but that there is no guarantee feelings or attractions will always change. Hamilton also informs the client that while many clients can and do experience a successful reduction or elimination of their unwanted same-sex attractions, behaviors, or identity or gender confusion, there is no guarantee that such results are always attainable or equal in degree.

5. Describe in detail everything you wish to be able to say outside of a therapy session that you contend is prohibited by the County's ordinance.

OBJECTIONS: Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly where the Interrogatory purports to ask about every situation "outside of a therapy session" that Hamilton would ever find herself in, or every speech, communication, presentation or interaction "outside of a therapy session" that Hamilton would ever participate in. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally might wish to say in some instances outside of a formal therapy session. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton wishes to say in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

Hamilton further objects to this Interrogatory because it calls for a legal conclusion. Hamilton is not a lawyer, but will provide her understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

RESPONSE: Hamilton notes that, according to the Ordinance, so-called "conversion therapy" – which Hamilton has never used to describe her practice and knows of no other licensed mental health professional who employs such term – means "the practice of seeking to change an individual's sexual orientation or gender identity, including but not limited to efforts to change behaviors, gender identity, or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex." Hamilton notes that the Ordinance also states that, "It shall be unlawful for any Provider to engage in conversion therapy on any minor regardless of whether the Provider receives monetary compensation in exchange for such services."

Hamilton is left to guess at any number of situations in which these provisions would prohibit her from discussing certain issues outside of a formal therapy session. Based on the Ordinance, as a licensed provider, Hamilton is not permitted to attempt to help a minor with changes the minor wishes to make, even if she is not getting paid. Even if Hamilton

is outside of her counseling office, and merely talking to or trying to help a friend's son or daughter address their unwanted same-sex attractions, behaviors, identity, or gender confusion, the Ordinance would prohibit that kind of speech. Under the Ordinance, Hamilton also notes that such a restriction would apply to conversations she would have with her own children or with other children in her extended family.

The Ordinance prohibits "the practice of seeking to change," which in Hamilton's field consists of conversations between her and those whom she is trying to help. Therefore, the Ordinance prohibits Hamilton from even having conversations that would seek to help minors with changes they wish to make in the areas prohibited by the Ordinance, even if she is outside the office, not getting paid for such help. Hamilton also notes that such a broad prohibition may even apply to her giving lectures, speeches, or lessons at a church or local organization that desires to assist parents and children who are struggling with such issues.

Hamilton would also like to be able to advertise her services to minors who seek to reduce or eliminate their unwanted same-sex attractions, behaviors, identity, or gender confusion (and their parents). Hamilton would like to be able to advertise on websites, through radio, in published print, in brochures, through verbal communications, and via other mechanisms to offer her services in this area. Because of the Ordinance, however, Hamilton is prohibited from distributing such advertisements because she cannot advertise something that she is not legally permitted to offer.

6. Describe in detail everything you wish to be able to say in therapy to a minor patient that you contend is prohibited by the County's ordinance.

OBJECTIONS: Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail everything" she wishes to say or do on the requested subject. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to what Hamilton generally might wish to say in some instances in a therapy session with a minor. To the extent Hamilton provides examples, they are not exhaustive or inclusive of "everything" Hamilton wishes to say in every context. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

Hamilton further objects to this Interrogatory because it calls for a legal conclusion. Hamilton is not a lawyer, but will provide her understanding of how the Ordinance, which is vague and ambiguous, appears to work in some instances.

RESPONSE: Hamilton contends that the Ordinance is prohibiting her from saying anything that might possibly be construed, understood, or inferred to be seeking to help a minor reduce or eliminate unwanted same-sex attractions, behaviors, or identity or gender confusion, even when such statements are not uttered with the express aim of changing a

minor's sexual orientation or gender identity. Hamilton notes that she does not engage in therapy where her goal is to change any client's sexual orientation or gender identity, but that she seeks to help clients achieve the goals that the clients themselves determine are appropriate for them. Under the Ordinance, not only is Hamilton prohibited from engaging in such talk therapy with her clients, but her clients are prohibited from even having certain goals in the therapeutic alliance, even when those goals are necessary for the clients to live consistently with their sincerely held religious beliefs, values, and concept of self.

Hamilton cannot possibly describe in this response every potential issue or statement that she might like to address in a therapeutic setting because her talk therapy practice is never the same for every client. Hamilton's practice focuses on conversations and discussions that address what the clients present with, what the clients wish to explore or address, and the goals and aims that the clients wish to pursue.

As it relates to potential clients who present with unwanted same-sex attractions, behaviors, or identity, Hamilton in some instances would like to ask questions such as: "Since you are distressed about being in a relationship with a boy [or girl, for female clients], would you like to talk about ways you can get out of that relationship? What ideas have you thought of so far? What have you tried? What steps would you like to take? What purpose is that relationship filling in your life?" Hamilton might also discuss things related to identifying and addressing underlying issues, such as sexual abuse, pornography exposure, or familial relationship issues. The Ordinance prohibits these kinds of discussions because they may lead to change or may be construed as "efforts to change."

If a client appears to be adopting a sexual identity label for external reasons (such as to fit in, to anger the parents, or due to confusion inflicted by cultural messages) rather than having a true internal sense of that identity, Hamilton is not permitted to explore any changes to that "identity" – even if that "identity" does not conform with the individual's true concept of self.

As it relates to potential biological male clients who present with gender confusion or gender identity issues, Hamilton in some instances would like to ask questions such as: "What do you like/not like about boys? What do you like/not like about girls? At what times or in what circumstances do you feel more confident as a boy? When do you enjoy being a boy?" The Ordinance prohibits these kinds of discussions because they may lead to change or may be construed as "efforts to change."

7. Describe in detail what "talk therapy" practices you employed, prior to the passage of the County's ordinance, to reduce or eliminate same-sex attractions. Specify what concepts and information you communicated as "truth," what advice was generally given, and what tools you generally recommended the minor employ.

OBJECTIONS: Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” the therapy she provided and advice she gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Hamilton notes that she does not try to eliminate attractions, just as she does not claim she can eliminate any distressing issue that any client presents in therapy. With regard to reducing same-sex attractions, behaviors, or identity, this is sometimes the result of the client better understanding the attractions and addressing underlying issues. Hamilton’s practice deals only with assisting clients achieve their own goals, addressing the issues the clients wish to address, and focusing solely on the clients’ needs.

With regard to Hamilton’s approach, she is a client-centered family therapist. She seeks to work from the client’s frame of reference, honoring the client’s perspective and using the resources that the client presents. Hamilton explores the client’s perspective and does not enter any therapeutic alliance with any preconceived notions of what goals or issues the client may wish to address. Hamilton also searches for client strengths and builds on those strengths. In addition, Hamilton works to understand and strengthen family relationships. She helps clients to understand the root causes of their feelings or behaviors, and also helps them to make the changes they are seeking.

Many of Hamilton’s clients identify themselves as Christians and have sincerely held religious beliefs that the Bible is the only source of truth. Various Biblical truths are sometimes discussed with these Christian clients.

The tools that Hamilton typically deploys are primarily ideas that she can elicit from the client. She believes in client-centered therapy, and that the most effective ideas are those that the client brings up. In addition, Hamilton asks questions, listens, empathizes, seeks to expand options for the client, introduces possible explanations, such as sharing theories of attachment and the role of early parental nurture, and explores whether or not such theories fit for the client.

Hamilton incorporates her response to Interrogatory 6 for additional illustrations of her talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

8. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 7 above.

OBJECTION/RESPONSE: Hamilton objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the use of client-centered therapy. Construing this Interrogatory as limited to those articles, research papers, and reports that Hamilton has reviewed, gained some personal insight from, and recalls as of the time of this response, Hamilton provides the following response: See PLJoint 081-793 produced in response to the County's Requests for Production. In addition, see:

de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: W. W. Norton.

Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997). *Psychotherapy with impossible cases: Efficient treatment of therapy veterans*. New York: W. W. Norton.

Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997, July/August). Stepping off the throne. *Family Therapy Networker*, 22-33.

Duncan, B. L., Hubble, M. A., Rusk, G. (1994). To intervene or not to intervene? That is not the question. *Journal of Systemic therapies*, 13, (4), 22-30.

Duncan, B. L., & Miller, S. D. (2000) *The heroic client: Doing client-directed, outcome-informed therapy*. San Francisco: Jossey-Bass.

Hubble, M. A., Miller, S. D., & Duncan, B. L. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association.

Miller, S. D., Hubble, M. A., & Duncan, B. L. (Eds.) (1996) *Handbook of solution-focused brief therapy*. San Francisco: Jossey-Bass.

Selekman, M. D. (1997). *Solution-Focused Therapy with children: Harnessing the strengths for systemic change*. New York: Guilford Press.

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy*. New York: Brunner/Mazel.

9. Describe in detail what “talk therapy” practices you employed, prior to the passage of the County’s ordinance, to seek to change a minor’s sexual orientation or gender identity. Specify what concepts and information you communicated as “truth,” what advice was generally given, and what tools you generally recommended the minor employ.

OBJECTIONS: Hamilton objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” the therapy she provided and advice she gave to every SOCE counseling client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients or gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Hamilton notes that she does not try to change her clients’ sexual orientation or gender identity. Hamilton’s practice deals only with assisting clients achieve their own goals, addressing the issues the clients wish to address, and focusing solely on the clients’ needs.

With regard to Hamilton’s approach, she is a client-centered family therapist. She seeks to work from the client’s frame of reference, honoring the client’s perspective and using the resources that the client presents. Hamilton explores the client’s perspective and does not enter any therapeutic alliance with any preconceived notions of what goals or issues the client may wish to address. Hamilton also searches for client strengths and builds on those strengths. In addition, Hamilton works to understand and strengthen family relationships. She helps clients to understand the root causes of their feelings or behaviors, and also helps them to make the changes they are seeking.

Many of Hamilton’s clients identify themselves as Christians and have sincerely held religious beliefs that the Bible is the only source of truth. Various Biblical truths are sometimes discussed with these Christian clients.

The tools that Hamilton typically deploys are primarily ideas that she can elicit from the client. She believes in client-centered therapy, and that the most effective ideas are those that the client brings up. In addition, Hamilton asks questions, listens, empathizes, seeks to expand options for the client, introduces possible explanations, such as sharing theories of attachment and the role of early parental nurture, and explores whether or not such theories fit for the client.

Hamilton incorporates her response to Interrogatory 6 for additional illustrations of her talk therapy sessions with same-sex attracted clients prior to the enactment of the Ordinance.

10. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the efficacy of the therapy you describe in your answer to interrogatory number 9 above.

OBJECTION/RESPONSE: Hamilton incorporates by reference, as if fully restated herein, her Objection/Response to Interrogatory 8.

11. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, are the root causes of their “unwanted same-sex attractions, behaviors, and identity.”

OBJECTIONS: Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton’s speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to “describe in detail” what she has told every SOCE counseling minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton’s general approach to talk therapy with same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: According to the research, there is no conclusive information about the root causes of unwanted same-sex attractions, behaviors, and identity. According to the APA, both nature and nurture play a role. According to the APA Handbook on Sexuality and Psychology (2014), there may be a link between lack of a same-sex parent and later

homosexuality. The authors of various studies have also described a possible correlation between sexual abuse and homosexuality.

In her client-centered therapy, Hamilton does not present theories as facts, but rather as theories. Hamilton asks clients if they would like to hear possible explanations for homosexual attractions and asks if those explanations fit for them or not. In many cases, Hamilton first listens to clients' own experiences and then explains theories that match those experiences. Examples of some contributing factors might include: a sensitive temperament (nature); insecure sense of gender identity in childhood; lack of attachment to the same-sex parent; lack of attachment to same-sex peers; parental rejection; peer rejection; over-identification with the opposite-sex parent in early childhood; over-identification with opposite-sex peers in early childhood; sexual abuse or early sexual exposure, such as through pornography; cultural influences; and so forth. Every person is different. Hamilton believes there are many pathways into and out of homosexuality. Therefore, Hamilton does not impose narrow explanations on individuals but instead explores with each client if and how developmental explanations might fit with their specific experiences.

12. Describe in detail what you tell minors in therapy, as part of your therapeutic practice, about gender roles and identities.

OBJECTION: Hamilton objects to this Interrogatory on the ground that it fails to specify a time period. To the extent the Interrogatory purports to request information about Hamilton's speech or conduct after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to her speech or conduct prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory because it inappropriately calls for a narrative response and requires her to "describe in detail" what she has told every SOCE counseling minor client prior to the enactment of the Ordinance. This is impossible to do in an interrogatory response, particularly in the context of the client-driven and client-centered therapy she practices, where no two interactions are exactly alike. Hamilton will therefore respond to the Interrogatory as if limited to Hamilton's general approach to talk therapy with same-sex attracted clients and gender confused clients prior to the enactment of the Ordinance. To the extent Hamilton provides examples, they are not exhaustive or inclusive of everything Hamilton said or did in such therapy sessions. Hamilton is prepared to supplement her response with deposition testimony, and otherwise as appropriate in discovery.

RESPONSE: Hamilton does not currently recall a specific conversation with a minor concerning gender roles prior to the enactment of the Ordinance. However, if a minor asked for information about gender differences or identities, Hamilton would talk about gender from the point of view that all people are either male or female (unless born with an intersex condition) and that there are wonderful differences between males and females. Hamilton would discuss that we each have a purpose and that we find the most peace in embracing who we were born to be.

13. Describe the principles and methods of the “talk therapy” practices you wish to use but claim that you cannot because of the passage of the County’s ordinance.

OBJECTION/RESPONSE: Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7 and 9.

In addition, Hamilton states that, because the Ordinance is vague and ambiguous, she does not know how the County is interpreting and applying it, and she does not know the full extent of what the Ordinance prohibits. In essence, the Ordinance prohibits Hamilton from assisting her minor clients in accomplishing the goals they have for their lives, many of which arise because of their sincerely held religious beliefs, values, and concept of self. Some of her clients’ goals are no longer permissible under the Ordinance. The County has taken away the fundamental right of certain clients to self-determination in that they cannot have the goals of changing homosexual behaviors, seeking to understand and thereby diminish, if possible, homosexual attractions; and becoming more secure in their biological sex when their gender identity does not match their biological sex.

14. Describe the principles and methods of the “talk therapy” practices that can reduce or eliminate same-sex attractions.

OBJECTION/RESPONSE: Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7 and 9.

In addition, therapy for clients who present with sincerely held religious beliefs, values, goals, or desires to address issues relating to reducing unwanted same-sex attractions is similar to therapy for other issues. There are many mainstream methods that have been found to be useful, such as Interpersonal Therapy, Psychodynamic Therapy, Cognitive Therapy, etc. Hamilton’s personal approach is a client-directed, solution-focused approach that also includes Family Therapy, Attachment Theory, and Psycho-education.

15. Describe the principles and methods of the “talk therapy” practices that can change a minor’s sexual orientation or gender identity.

OBJECTION/RESPONSE: Hamilton incorporates by reference, as if fully restated herein, her Objections and Responses to Interrogatories 6, 7, 9 and 14.

In addition, Hamilton works with parents to help them relate in more effective ways. For younger children, Hamilton spends more time with the parents and less time with the child. For older children, Hamilton might spend equal time with parent and child. For teenagers, Hamilton might spend more time with the teen and less time with the parent, depending on the specific situation.

16. Identify the author(s), title, publication date, journal, publisher and location of all articles, research papers, or reports that support or substantiate the conclusion that unwanted same-sex attractions result from trauma.

OBJECTION/RESPONSE: Hamilton objects to this Interrogatory on the grounds that it is overbroad, unduly burdensome, and impracticable, as it would call for a virtually endless production of every possible article, research paper, report, etc. that supports the correlation between unwanted same-sex attractions and sexual abuse or trauma. Construing this Interrogatory as limited to those articles, research papers, and reports that Hamilton has reviewed, gained some personal insight from, and recalls as of the time of this response, Hamilton provides the following response:

According to research studies, there is a correlation between sexual abuse and later homosexual relationships. However, not all homosexuals were sexually abused. Another traumatic factor identified by researchers is lack of a same-sex parent.

The APA Handbook on Sexuality and Psychology (2014) states:

“Much has been written about the association between childhood sexual abuse and subsequent homosexuality. Indeed, studies using varying methodologies have reported a correlation between different types of child abuse and varying components of a homosexual sexual orientation, including data from clinical samples and case studies, surveys of MSM, and cross-sectional surveys (reviewed in Purcell, Patterson, & Spikes, 2007; H. W. Wilson & Widom, 2010). Not all studies, however, have found this pattern of results. Furthermore, some evidence suggests that the relationship may be stronger among men than women. The largest reviews of the literature in this area indicated that MSM report rates of childhood sexual abuse that are approximately three times higher than that of the general male population (Purcell, Malow, Dolezal, & Carballo-Dieguez, 2004). One of the most methodologically rigorous studies in this area used a prospective longitudinal case-control design that involved following abused and matched non-abused children

into adulthood 30 years later. It found that men with documented histories of childhood sexual abuse had 6.75 times greater odds than controls of reporting ever having same-sex sexual partners (H. W. Wilson & Widom, 2010). To help control for possible confounding factors, the authors conducted post hoc analyses controlling for number of lifetime sexual partners and sex work, but the association remained. The effect in women was smaller (odds ratio = 2.11) and a statistical trend ($p = .09$).”

Hamilton also notes the following articles:

Mustanski, B., Kuper, L., and Geene, G. (2014) Chapter 19: Development of sexual orientation and identity. In Tolman, D., & Diamond, L., Co-Editors-in-Chief, *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, 1: 609.

Frisch, M. and Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes. *Archives of Sexual Behavior*, 35:533-547.

Udry, J.R., & Chantala, K. (2005). Risk factors differ according to same- sex and opposite-sex interest. *Journal of Biosocial Science*, 37, 481–497. <http://dx.doi.org/10.1017/S0021932004006765> p. 487.

Francis, A. M. (2008). Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research*, 45 (4), 371-377. DOI:10.1080/00224490802398357, p. 376.

17. Have you ever counseled a minor to assist them in coping with wanted same-sex attractions? If so, please identify how many minors you have so helped in the last 5 years.

RESPONSE: If a minor has “wanted same-sex attractions,” they typically do not need assistance in coping with those attractions. Thus, Hamilton has not encountered clients who identify as homosexual and desire to live according to that identity, and who need assistance coping with their attractions. Hamilton has had clients who did not want to seek change of attractions, behavior, or gender identity even though their parents hoped they would seek such change. In those cases, Hamilton usually asked the minor if there was a different goal that she could help them accomplish. Some minors said, “no” and other minors identified a different goal. The most common goal of those minors was for Hamilton to help them communicate with their parents or to improve family relationships. Hamilton assisted with those goals.

In the last 5 years, Hamilton has met with 7 minors who wanted their same-sex attractions or transgender identity. Out of the 7 that wanted their same-sex attractions or transgender identities, 4 wanted to return beyond the initial visit to work on another goal, such as family relationships. In those cases, Hamilton helped them work towards their goals, as she always

does in her client-centered and client-directed marriage and family therapy practice.

18. In the year prior to the passage of the County's ordinance at issue, what percentage of your practice involved counseling that sought to change a minor's gender identity of [*sic*] sexual orientation and what percentage of your counseling sought to assist a minor in embracing or coping with a non-heterosexual orientation or a gender identity that differed from their anatomical sex?

RESPONSE: As stated in response to Interrogatory No. 17, Hamilton has not had clients who sought assistance in coping with wanted same-sex attractions or wanted gender identity that is different from anatomical sex, because the clients, who were not seeking change, stated that they were already embracing a non-heterosexual identity or transgender identity. As such, Hamilton was not presented with a client who stated that his or her goal was to be able cope with an attraction or identity that differed from their own concept of self.

Prior to the passage of the Ordinance, Hamilton had 13 minors who sought help with changing their unwanted same-sex attractions, behaviors, or gender identity, and 19 minors who did not want to change their same-sex attractions, behaviors, or gender identity. Hamilton was always willing to work with all of the minors that came to her for therapy, including the clients who were not seeking change, as explained in her response to Interrogatory 17.

19. Explain with specificity and in detail (a) the decline in profit your practice has sustained since or as a result of the passage of the County's conversion-therapy ban ordinance at issue; (b) identify the actual dollar amount of the decline in profit; (c) and identify the specific methodology you utilized to compute (a) and (b) above.

OBJECTION: Hamilton objects to this Interrogatory on the grounds that it is premature. The Preliminary Injunction Hearing is concerned exclusively with the irreparable and incalculable harm that the unconstitutional Ordinance is imposing on Hamilton and her clients each and every day it remains in effect, by virtue of its indiscriminate ban on constitutionally protected speech, and its violation of other constitutional liberties. This is the primary harm this lawsuit seeks to redress. Accordingly, it is not proper for "Preliminary Injunction Interrogatories" to request a calculation of money damages. Hamilton does not seek money damages at the Preliminary Injunction Hearing.

In the subsequent merits and damages phase of discovery following the Preliminary Injunction Hearing, Hamilton will attempt to calculate her lost revenues and profits from the clients she has had to turn away following enactment of the Ordinance, and will provide same to Defendants, provided Defendants stipulate that such disclosure does not amount

to any waiver of Hamilton's Fifth Amendment Privilege with respect to any other information. To the extent lost revenues and profits from clients turned away on account of the Ordinance can be calculated, they would constitute only a portion of the harm suffered by Hamilton and her clients, and they could not make Hamilton or her clients whole for the irreparable harm imposed by the Ordinance.

20. Identify by first and last initial and age only all minor clients with whom you completely terminated your professional relationship because of the passage of the County's ordinance at issue and the date of the termination.

OBJECTION: Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance.

Hamilton further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information regarding her clients.

Hamilton is willing to provide the number of "Doe" clients or potential clients, and their ages, whom she has had to turn away, or for whom she has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not amount to any waiver of Hamilton's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

21. Identify by first and last initial and age only all minor clients with whom you substantially changed your professional relationship because of the passage of the County's ordinance at issue.

OBJECTION: Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance.

Hamilton further objects to this interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information regarding her clients.

Hamilton is willing to provide the number of "Doe" clients or potential clients, and their ages, whom she has had to turn away, or for whom she has had to alter the scope of therapy on account of the Ordinance, but only if Defendants stipulate that such disclosure does not amount to any waiver of Hamilton's Fifth Amendment Privilege, or the psychotherapist-patient privilege, with respect to any other information.

22. Identify by first and last initial and age only all clients whom were minors (under age 18) when they initially engaged your counseling services that are or were experiencing unwanted same-sex attractions and wanted to reduce or eliminate the unwanted desire within the last ten years.

OBJECTION: To the extent the Interrogatory purports to request information about Hamilton's minor clients after the enactment of the Ordinance in suit, Hamilton objects and declines to respond on the basis of the Fifth Amendment privilege against self-incrimination. Although Hamilton has been forced to alter her speech and conduct after the enactment of the Ordinance in order to avoid a knowing violation, Hamilton notes that the Ordinance is not only vague and ambiguous in what it purports to prohibit, but also purports to impose criminal penalties for any violation, whether knowing or unknowing. Accordingly, Hamilton does not wish to provide the County with any information upon which to prosecute her for any unknowing violations of the Ordinance. Hamilton will therefore respond to the Interrogatory as if limited to the nine (9) years prior to the enactment of the Ordinance.

Hamilton further objects to this Interrogatory on the grounds that it seeks information protected by the psychotherapist-patient privilege and that it asks her to divulge too much identifying information in relation to these clients. Hamilton construes this Interrogatory to only request the number and respective ages of clients seeking help for unwanted same-sex attractions or gender identity confusion.

RESPONSE: Hamilton does not have clients whose only goal is to reduce or eliminate unwanted desires, as stated in the Interrogatory. Hamilton makes sure that her clients understand that change of attraction might happen as they work on root issues, but there is no guarantee that desires will change. Her clients' goals usually include wanting to change behaviors, wanting to understand their attractions, and wanting to reduce their attractions if possible. Hamilton also notes that, particularly with minors, goals may change throughout the course of therapy due to the nature of adolescence. Some may not have started with the goal of changing, but may have expressed a desire to change at some point during the course of therapy, and others may have started with the goal of changing and then altered the goal throughout the course of therapy.

In the nine (9) years prior to the enactment of the Ordinance, Hamilton had the following minor clients who sought help with unwanted same-sex attractions or gender identity confusion:

- Doe 1 (age 6): gender identity confusion
- Doe 2 (age 12): unwanted same-sex attractions or behaviors
- Doe 3 (age 16): unwanted same-sex attractions or behaviors
- Doe 4 (age 15): unwanted same-sex attractions or behaviors
- Doe 5 (age 10): gender identity confusion
- Doe 6 (age 17): unwanted same-sex attractions or behaviors
- Doe 7 (age 13): unwanted same-sex attractions or behaviors
- Doe 8 (age 14): unwanted same-sex attractions or behaviors
- Doe 9 (age 17): unwanted same-sex attractions or behaviors
- Doe 10 (age 16): unwanted same-sex attractions or behaviors
- Doe 11 (age 16): unwanted same-sex attractions or behaviors

23. Do you admit that therapy you wish to provide is a mental health treatment? If not, please explain why.

RESPONSE: Hamilton admits that the SOCE counseling she wishes to provide to the minor clients who seek and desire it is a form of treatment carried out solely through speech, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as treatment or procedure in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

24. Do you admit that therapy you wish to provide is professional conduct? If not, please explain why.

RESPONSE: Hamilton denies that the SOCE counseling she wishes to provide to the minor clients who seek and desire it is professional conduct, and agrees with the Eleventh Circuit Court of Appeals that characterizing speech as conduct in an effort to afford it less First Amendment protection is a dubious constitutional enterprise.

As to Objections:

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VERIFICATION

I, Julie H. Hamilton, Ph.D., LMFT, declare under penalty of perjury under the laws of the United States of America that the foregoing interrogatory responses are true and correct.

/s/ Julie H. Hamilton

Julie H. Hamilton, Ph.D., LMFT

CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

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IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,)	
individually and on behalf of his patients,)	
JULIE H. HAMILTON, PH.D., LMFT,)	
individually and on behalf of her patients,)	Civil Action No.: <u>9:18-cv-80771-RLR</u>
)	
Plaintiffs,)	INJUNCTIVE RELIEF SOUGHT
v.)	
)	
CITY OF BOCA RATON, FLORIDA,)	
and COUNTY OF PALM BEACH,)	
FLORIDA,)	
)	
Defendants)	

**PLAINTIFF JULIE H. HAMILTON, PH.D., LMFT'S FIRST SUPPLEMENTAL
OBJECTIONS AND RESPONSES TO THE PRELIMINARY INJUNCTION
INTERROGATORIES OF DEFENDANT PALM BEACH COUNTY**

Pursuant to Fed. R. Civ. P. 26 and 33, and Local Rule 26.1, Plaintiff Julie H. Hamilton, Ph.D., LMFT ("Hamilton"), by and through counsel, hereby provides the following First Supplemental responses and objections to Defendant County of Palm Beach's Preliminary Injunction Interrogatories. Hamilton hereby reserves all objections to the relevance, use or admissibility of any of these Interrogatories and responses. Subject to the foregoing, Hamilton objects and otherwise responds as follows:

18. In the year prior to the passage of the County's ordinance at issue, what percentage of your practice involved counseling that sought to change a minor's gender identity of [*sic*] sexual orientation and what percentage of your counseling sought to assist a minor in embracing or coping with a non-heterosexual orientation or a gender identity that differed from their anatomical sex?

RESPONSE: As stated in response to Interrogatory No. 17, Hamilton has not had clients who sought assistance in coping with wanted same-sex attractions or wanted gender identity that is different from anatomical sex, because the clients, who were not seeking change, stated that they were already embracing a non-heterosexual identity or transgender identity. As such, Hamilton was not presented with a client who stated that his or her goal

was to be able cope with an attraction or identity that differed from their own concept of self.

Also as stated in response to other Interrogatories (*e.g.*, Interrogatory 9), Hamilton does not try to change her clients' sexual orientation or gender identity. Hamilton's practice deals only with assisting clients achieve their own goals, addressing the issues the clients wish to address, and focusing solely on the clients' needs.

In the year prior to the passage of the Ordinance, Hamilton worked with a total of 44 different clients (individuals, couples or families). Out of these, 36 clients were couples, families or individuals that did not include minors seeking SOCE counseling. Of the remaining 8 clients, 5 were minors requesting help for unwanted same-sex attractions or gender identity issues. The other 3 were minors who wanted to embrace their homosexual attractions or transgender identity. These 3 minors did not seek assistance in dealing with, or embracing, their homosexual attractions or gender identity, but sought help with different goals, such as helping their parents cope with these issues, or working on other family issues.

As to Objections:

/s/ Horatio G. Mihet

Horatio G. Mihet (FL Bar 026581)

Roger K. Gannam (FL Bar 240450)

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VERIFICATION

I, Julie H. Hamilton, Ph.D., LMFT, declare under penalty of perjury under the laws of the United States of America that the foregoing interrogatory responses are true and correct.

/s/ Julie H. Hamilton
Julie H. Hamilton, Ph.D., LMFT

CERTIFICATE OF SERVICE

I hereby certify that on this 27th day of August 2018, a true and correct copy of the foregoing was served on all counsel of record via electronic mail, including:

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