



Parent Collaboration Forms Packet

This packet includes:

- Collaborative Coaching Client Information Form -- completed as directed by Dr. Wert
- Collaborative Team Authorization Form -- completed as directed by Dr. Wert
- Collaborative Divorce Mental Health Professional Informed Consent -- completed as directed by Dr. Wert

Collaborative Coaching Client Information Form

Coach/Child Specialist name: _____

Date of First Session: _____ Referred by: _____

Client Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SS #: _____ Email: _____

Home: _____ Is message ok? Y ___ N ___

Work: _____ Is message ok? Y ___ N ___

Cell: _____ Is message ok? Y ___ N ___

Age: _____ Birthdate: _____ Gender: _____

Occupation: _____ Highest education level: _____

Employer: _____

Employer Address: _____

Spouse: _____ Birthdate: _____

Spouse's Address: _____

Spouse's Employer: _____

Spouse's Email: _____

Best number to reach you to cancel an appointment: _____

Emergency Contact: _____ Phone: _____

Children:

Name: _____ Age: _____ Grade: _____

My Attorney: _____ Number: _____

Spouse's Attorney: _____ Number: _____

Guardian ad litem if applicable _____

Divorce Coach: _____ Number: _____

Children's Current Therapist: _____ Number: _____

If you have ever received a mental health evaluation or treatment, please indicate the

Therapist Name and Address: _____

Date Began: _____ Date Ended: _____

Current Medications: _____

Current or Chronic Illnesses: _____

Any other concerns: _____

Collaborative Team Authorization for disclosing/receiving information

I, _____ authorize the following individuals to disclose and receive information about me for the purpose of collaborative consultation:

Name Divorce Coach	Phone Number
Name Divorce Coach	Phone Number
Name Child Specialist	Phone Number
Name Wife's Attorney	Phone Number
Name Husband's Attorney	Phone Number
Name Financial Advisor	Phone Number
Name Other Member of Collaborative Team	Phone Number

I understand that I am giving my permission to the above named collaborative team to use, disclose and/or request confidential information until the authorization ends (1 year from date of signature unless otherwise specified). I have the right to revoke this authorization at any time, but it is not retroactive to information already released in accordance to this authorization. The person who receives the records to which this authorization pertains may not re-disclose them to anyone without my separate written authorization. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules prevent any use of the information to criminally investigate or prosecute anyone for alcohol or drug use.

This authorization begins on _____ and expires on _____

Signature of client or parent/guardian	Printed Name
Client Date of Birth	Date Signed

Witness

Laura E Wert, PH.D.
804-264-0966
COLLABORATIVE DIVORCE
MENTAL HEALTH PROFESSIONAL
INFORMED CONSENT

The Collaborative Divorce Process is based on the belief that families can get through divorce in a more productive, efficient and emotionally healthy way when the couple is able to learn how to interact and communicate with each other in a more respectful and open manner. Communication and self-management skills are taught to the couple by the Coach, or in some cases, Child Specialist. The couple uses the new skills in their settlement discussions, and in their post divorce relationship.

You and your attorney have agreed to enlist my participation on your Collaborative Team. As part of this process, you have been given information about my background, experience, and qualifications. This document contains important information about the professional services and business policies of Laura E Wert, Ph.D. By signing this agreement you give permission to Dr. Wert to provide Collaborative Divorce Coaching and/or Child Specialist services to you. Please read this information carefully, and note any questions so they can be discussed.

THE ROLE OF COLLABORATIVE
MENTAL HEALTH PROFESSIONAL

I. The Collaborative Divorce Coach

Both parties can have a Collaborative Divorce Coach, or one Coach can serve both parties. Divorce Coaches are licensed mental health professionals. In individual and joint meetings (with or without attorneys present) the Coaches work with the parties to:

- 1.) Identify and prioritize the concerns of each person
- 2.) Make effective use of conflict resolution and communication skills
- 3.) Develop effective co-parenting skills
- 4.) Work collaboratively with the couple, their attorneys, and other involved professionals to improve communication, reduce misunderstandings, and resolve problems as they come up

II. Child Specialist

Couples may wish to enlist the help of a Collaborative Divorce Child Specialist, who will work with the children and the parents to:

- 1.) Provide the children with an opportunity to voice his/her concerns regarding the divorce
- 2.) Provide the parents with information and guidance to help their children through this process
- 3.) Give information to the Collaborative team that will help the parties in developing an effective co-parenting plan for their children

THE COLLABORATIVE DIVORCE COACHING PROCESS: BENEFITS AND RISKS

Collaborative Divorce Coaching involves a joint effort between client and coach. Progress and success in the Collaborative Divorce Process can depend upon many factors, including your motivation, effort, and other circumstances, such as interactions with family, friends and others.

You may experience uncomfortable and distressing feelings such as unhappiness, anger, guilt and frustration during the process. These can be a natural part of divorce. You will make important personal decisions in the Collaborative Divorce Process, and your final agreement will be shaped by both parties in a way that will be unique to your family's circumstances. This requires flexibility by both parties so that a fair and mutually equitable agreement can be achieved.

While a successful outcome cannot be guaranteed, your commitment to the process is essential for a positive and collaborative outcome.

MY PROFESSIONAL COMMITMENT

During the initial consultation period, you and I will jointly determine if I am an appropriate Collaborative Coach and/or Child Specialist to work with you. If not, I will refer you to other mental health professionals. If at any time while we are working together, I determine that you would benefit from collateral work with other professionals outside of Collaborative team, I will discuss this with you. If needed, I will provide you with the names of appropriate professionals. Examples of such referrals would include psychotherapists, physicians, and learning specialists.

As a part of the consultation period, we will discuss how I conduct Collaborative Divorce Coaching. If at any time during the Collaborative Divorce Process you have any questions about the services being provided, please ask for clarification. Your initial impressions about the Collaborative Divorce Plan, suggested procedures and goals, and your feelings about whether you are comfortable working with me, are all an important part of the process and are essentials to a successful client-coach relationship.

EMERGENCY SITUATIONS

Although I check my voice mail often, I may not be available for immediate emergencies or for after-hour or weekend contact. If I am not available, the on-call therapist, because of the complexity of collaborative work, is not a recommended route. If I am not available and there is an immediate emergency, I suggest you call your primary care physician or any hospital emergency room. You can also call 911.

CLIENT CONFIDENTIALITY AND CLIENT SAFETY

The parties, the collaborative lawyers, and the Collaborative Divorce Coach agree that all notes, work papers, summaries, written or oral opinions, written or oral reports of the Divorce Coach (collectively referred to as the work product), if any, shall be confidential to the Coach and shall not be released to any person or entity outside of the collaborative process. This confidentiality does not prohibit the furnishing, upon request,

of such work product to a **collaborative professional** involved, by your agreement, in this process. Should any party or team member elect to terminate or withdraw from the Collaborative Divorce Process, all materials, including all content (both written and oral) of all Collaborative Team meetings and communication with/between any member of the Collaborative Divorce Team or the parties may not be used in any court proceedings. While the role of coach is different from the role of psychotherapist, I am in practice as a licensed clinical psychologist. The confidentiality of communications between my clients and me as a Collaborative Divorce Coach is important and is protected by the laws and ethical standards governing the practice of psychology. With the following exceptions, information given in the Collaborative Process will not be shared with anyone outside of the Collaborative Team and the parties. Please note that these are standard HIPAA (federal privacy statute) exceptions to confidentiality, and not specific to the collaborative process:

Exceptions to client confidentiality:

- 1.) If a client communicates directly to me a threat of physical harm to an identifiable person, or damage to an identifiable person's property, I am required by law to warn the intended victim and notify the police.
- 2.) If I believe that a client is in a mental or emotional condition where he/she poses a danger to him/herself or others, I may breach confidentiality or contact others to facilitate the client's safety.
- 3.) If I have a reasonable suspicion that a client may be unable to care for him/herself, or may be unable to provide for his/her basic personal needs for clothing and shelter, I may breach confidentiality to facilitate the client's safety.
- 4.) If, in my professional capacity, I have a reasonable suspicion of child abuse or neglect, or abuse of dependent, disabled or elder adult (age 65 or older), I am required by law to file a report with the designated protective agencies.

At times it may be necessary for me to consult with other health professionals regarding your case. When I am out of the office (i.e., on vacation, out of town), another professional may be available to cover emergency calls from clients and that professional may be advised of clients issues that could arise. In addition, I may occasionally find it helpful to consult with another professional about a client's case. In such a consultations, I make every effort to conceal the identities of the client (s). Other mental health professionals who cover emergencies or with whom I consult are also legally bound to maintain confidentiality. If the use of collection agency becomes necessary, I will furnish them with the required information to collect the fees due.

OPEN COMMUNICATION

The Divorce Coach may communicate with the parties and the collaborative professionals including, but not limited to, communicating with each party individually or together, a party with his or her collaborative lawyer present, each collaborative lawyer individually or together, any lawyer consulted for an opinion during the collaborative law process, and any other professionals retained by the parties who have signed a participation agreement in this matter.

The parties hereby authorize and release the Collaborative Divorce Coach and the collaborative lawyers to share any information, opinions and/or communications regarding this matter with any of the participants, specifically with each other, individually or collectively; with any lawyers consulted for an opinion during the collaborative law process; with any other professionals who have signed a participation agreement in this matter; and /or with the parties, together or individually. The parties understand and agree that the Collaborative Divorce Coach, at her discretion, may reveal to one party what has been communicated by the other. However, if you share information with the Collaborative Divorce Coach which you specifically wish to keep confidential (i.e., not to share with the other party), please apprise your Divorce Coach of that fact so that the issue can be discussed and an agreeable resolution reached. For example, if said information is not germane to the Collaborative Divorce Process, it may be eligible to be kept confidential.

In order to more effectively provide service, it may be important for me to communicate with any previous or concurrently treating professionals. To this end I may ask you to sign a confidentiality waiver form allowing such communication. By signing this document you are agreeing to promptly provide me with all necessary and reasonable information I may request, and to sign all authorizations I may deem necessary toward that end. You are, of course, free to review such authorizations with your counsel prior to signing.

MEETINGS WITHOUT COLLABORATIVE LAWYERS

It is contemplated that the Collaborative Divorce Coach may meet with the parties without the collaborative lawyers present. The Coach shall promptly update the lawyers on any such meetings, and shall communicate any preliminary understandings reached in those meetings to the collaborative lawyers. The Coach may communicate such preliminary understandings in writing to the lawyers with a copy to the parties (email suffices) or verbally, but shall not draft any agreements. The Coach will be paid for the time it takes to prepare such correspondences and engage in such communications. The parties will not be asked to memorialize such understandings. The parties will not sign any binding agreement without both lawyers' review.

FEEES

My Collaborative Divorce Coaching fee is \$200.00 per 50-minute session. My fee for attending meetings with attorneys present (5-ways, or 6-ways) is \$200.00 an hour. I do charge for travel time to and from the meetings. My fee for case management, which includes email review, email preparation, report writing, document review, phone calls with attorneys, other therapists, teachers, or with clients themselves is \$50.00 per 15 minute period, or \$200.00 per hour.

I ask that clients pay a \$_____ retainer to cover the initial meetings and case management. This retainer is due by the second meeting I have with clients unless we agree in advance to a different payment arrangement. As the retainer is depleted, clients and I will discuss whether to proceed with another advance payment for services or switch to a "pay as you go" policy. I accept cash or checks, and credit cards. All costs of collection, including but not limited to, 30% attorney/collection fees on the balance owed

and all court costs will be added to your bill. If we finish our work with a balance in your retainer account, it will be promptly refunded.

Cancellation Policy:

I ask for 24 hours notice to cancel or postpone an appointment in order to avoid a full fee charged for that meeting. When an appointment is scheduled for two parties to meet with me together, and one party cancels with less than 24 hours notice, **that party** is the client who is asked to pay the fee for the missed session. They are also responsible for contacting the other party to notify them of the cancellation. The fee for missed appointments is \$150.00

ELECTION TO TERMINATE

If either party decides that the Collaborative Divorce Process is no longer viable and elects to terminate the status of the case as a Collaborative Law matter, he/she agrees to, in writing, immediately inform the other party, their respective coaches, and attorneys.

Please refer to your collaborative participation agreement.

The Collaborative Divorce Team also reserves the right to withdraw from the case if either or both parties engage in conduct that is contrary to the Collaborative Divorce Process. In the event of termination, all incurred fees are immediately due and payable. In the event of termination, appropriate referrals will be offered to facilitate the client's transition out of the Collaborative Divorce Process.

LIMITATIONS

While the Collaborative Divorce Process is not a guarantee of success and cannot eliminate past disharmony and irreconcilable differences, it offers a positive method toward a more healthy and cooperative solution to marital dissolution. For couples with children, it assists them towards a positive and healthy co-parenting relationship.

I HAVE READ THE ABOVE STATEMENT IN ITS ENTIRETY, UNDERSTAND THE CONTENT, AND AGREE TO ITS TERMS.

Signature

Date

Signature

Date

Signature

Date

FINANCIAL AGREEMENT

- The Westwood Group's therapy fees are as follows:
 - 45 min. Initial Evaluation session \$150
 - 45 min. Individual Therapy session for adults \$125
 - 45 min. Individual Therapy session for children and adolescents \$135
 - 45 min. Family or Marital Therapy session \$135
- If you would like to use your health insurance, you need to call the number on your insurance ID card and fill in the Insurance Benefits Form, included with this set of forms, before your first session and bring it with you. This will instruct you to confirm that your therapist is covered by your insurance plan and to obtain pre-authorization of services, if necessary. It will also help you determine if there is an annual deductible amount to be met before coverage starts each year, and if you need to pay a copayment (which is a fixed amount due at each session) or coinsurance (which is an amount based on a certain percentage of the allowable charge for each session).
- Payment of the client's portion of the fees is due at the time of service. This may be made in the form of check, cash, or credit card.
- There is a \$75 charge for missed appointments or appointments cancelled less than 24 hours in advance. This notice is needed in order to reschedule the appointment time with another client. This charge is not covered by insurance policies.
- The cost of psychological evaluation/testing varies with the tests administered and will be explained by the examiner prior to testing.
- Services not covered by health insurance include sessions exceeding 50 minutes, court testimony, letter- and report-writing, phone calls lasting more than 5 minutes, and authorized contact with other professionals, including attorneys, teachers, physicians, and therapists. These services will be discussed with the client in advance, and are usually prorated on the time involved, based on an hourly rate set by your therapist.
- There is a \$35 charge for all returned checks.
- A service fee of up to 10% per month will be added to any bill that is 90 days past due. If referral to a collection agency is necessary, an additional charge of up to 50% of the balance will be added to cover the cost of collection and any court costs.
- Credit Card on File Program: The Westwood Group requests that you keep a credit or debit card on file as a convenient method of payment for the portion of services that your insurance does not cover, as well as any other services or fees for which you are responsible. This agreement is included with this set of forms.

I have read the above terms and accept treatment under them.

Date: _____

Printed name of client or person responsible for payment _____

Signature of client or person responsible for payment _____

THE WESTWOOD GROUP
AGREEMENT TO PARTICIPATE IN CREDIT/DEBIT CARD ON FILE POLICY

Your provider requests that you keep a credit or debit card on file (which is kept confidential in accordance with HIPAA standards and regulations at all times) as a convenient method of payment for the portion of services that your insurance does not cover, as well as any other services or fees for which you are responsible. Your signature authorizes your provider to charge this card for the any remaining balance for services as outlined in the Financial Agreement.

Before your card will be charged, you will receive a mailed invoice itemizing the charges. These expenses will be applied to your card after a minimum of 10 business days from the time the invoice is sent out. Unless you have made arrangements with our billing office for a payment plan your card will be charged the full amount of any remaining balance due. Requests for payment plans must be made in writing to our billing office and approved by your provider at the address below.

The Westwood Group
5821 Staples Mill Rd.
Richmond, VA 23228

I _____ authorize my provider to charge the portion of my bill that is my financial responsibility to the following credit or debit card: I understand that my information will be saved to file for future transactions on my account.

Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: ____ / ____ / ____

CCV Code on back of card: _____

Name as it appears on card: _____

Credit Card Billing Address Street Name and Number: _____

City: _____ State: _____

Zip Code (from credit card billing address): _____.

I (we), the undersigned, authorize and request my (our) clinician to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for psychological services. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to our billing office in writing and the account must be in good standing.

Card Holder Name (Print): _____

Card Holder Signature: _____

Date: ____ / ____ / ____