

PARENTING COORDINATOR ADDENDUM CONSENT FOR TREATMENT

Court Involvement:

Because you are seeking help in a situation where the Court is involved, please be aware that these records can be subpoenaed for the Court by one of the attorneys involved in the case. Please address any concerns you may have about these issues at any point during our work together.

Confidentiality:

Because of the nature of this work, there is a possibility that I may be subpoenaed to Court. As a result, confidentiality is not present in the parenting coordination process, especially as it pertains to your children, the decisions made in this process and/or your cooperation in this process.

Case Consultation:

Due to the difficult nature of parenting coordination, I may seek consultation with my peers if applicable. Any identifying information will be removed from the case material. If you have any questions about this consultation, please do not hesitate to ask.

Process for decision making:

Whenever possible, I will make decisions based upon joint meetings with the parties. However there may be times when I must make a decision based upon phone conversations, e-mails or other sources of information. In addition, if there is a deadline and one party does not make themselves available, I will make a decision based upon the information that is available. These decisions are binding. All of the decisions will be written when necessary. However there is a charge for the writing time involved.

The following outlines my fees for any Court related services. Please be advised that by signing this document, you are agreeing to pay for these services in full should you decide to exercise them.

_____ Initials

_____ Initials [Type text]

PARENTING COORDINATOR ADDENDUM
CONSENT FOR TREATMENT

1. Parenting Coordination sessions are generally 90 minutes in length and are billed at a rate of 300.00 per session. Two hour and one hour sessions are billed at the rate of 200.00 per hour.
2. E-mail and phone calls on topics other than setting up appointments are billed at the rate of 15 minute increment at the standard hourly rate of 200.00 per hour.
3. Preparation for Court, reports and/or letters, attendance at pre-trial conferences or dispositions, telephone conferences are all billed at the rate of \$200.00 per hour in 15 minute increments. Any travel time is billed at the same hourly rate.
4. Copying charts are charged at a rate of .50 cents per page plus a \$20.00 handling fee.
5. Court is charged at a rate of \$200.00 per hour. This fee will also include travel to and from Court, time waiting as well as time in the actual courtroom. A deposit is required for attendance at court.
6. For settlements or continuations in which I have not been given 48 hours notice, I will bill for the time blocked off for Court at the rate of \$100.00 per hour.
7. Due to the degree of out of session work involved in parenting coordination, I request a deposit which is due at the first appointment. The deposit expected from you today is: _____
8. If there is an agreement which designates the percentage split of costs associated with parenting coordination work, then we will follow that agreement. Otherwise, the split will be 50/50.

_____ Initials

_____ Initials[ext] [Type text] [Type text]

PARENTING COORDINATOR ADDENDUM
CONSENT FOR TREATMENT

9. Missed appointments shall be paid for by the party who has not given 24 hour notice. The charge for missing the session is 150.00. If the topic to be discussed has a deadline that makes a decision critical, the session may go forward and a decision may be made without the other party.

10. Recording of sessions is forbidden.

11. Grievance process:

At some point you may feel that the recommendations are unfair. You are welcome to discuss these feelings with me. However it's important to remember that the focus of these recommendations is based upon what is in the best interest of the child. As a result, this focus may not be in line with what you want/or feel is important at times. If at some point, you decide that you no longer want to continue working with me, then you and the other parent can mutually agree to seek another parenting coordinator. In addition, you can ask the Court to appoint another parenting coordinator. I will need to continue working in this role until the new appointment occurs. If I feel that I am unable to continue in this role, then I will give you recommendations of other people trained in parenting coordination. In general, I will only serve in this role in 1 year increments which all of us can agree to renew again in 1 year increments.

12. There will be a \$25.00 charge for all returned checks. You are responsible for these charges.

13. A service charge of 18% APR will be added to bills that are 90 days past due. If you fail to settle your account, it will be referred to a collection agency and you will be charged for the additional cost of collection, approximately 33 1/3% of the balance due plus court costs.

14. As your mental health professional, I will disclose no information obtained from your contacts with me or the fact that you are my patient, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law:

_____ Initials

_____ Initials [Type text]

PARENTING COORDINATOR ADDENDUM
CONSENT FOR TREATMENT

a) Harm to Yourself or Someone Else. If I believe that you are at imminent risk for harming yourself or someone else, I will disclose information to the extent needed for insuring your safety or the safety of others.

b) Vacations and Emergencies. When I am on vacation or away from the office for extended periods of time, because of the complexity of this work, there is no back up clinician access because it is too difficult for someone to intervene who is unfamiliar with your family. If you are unable to reach me, you will need to use other resources like the GAL (if applicable), your attorney etc.

c) Consultation. To insure that I am providing quality care, I sometimes meet with a consultant. In so doing, I do not reveal identifying information. I will provide names of my consultants upon request.

d) Answering Service. On nights and weekends, I use the Hello, Inc. Answering Service. They understand my confidentiality policies, and after paging me they will keep no record of your name or phone number.

e) Billing Service. The Westwood Group office staff has access to the information necessary for preparing monthly

f) Partners and Employees. My office partners do not have access to my records. However, we share a general secretary who takes messages when the office is open.

Signature

Date

Signature

Date

Witness

Date

_____ Initials

_____ Initials[ext] [Type text] [Type text]