

# Behavioral Pediatric & Family Therapy Program

## Agreement for Child Psychotherapy with Separated or Divorced Parents/Guardians

Psychotherapy for children is most successful when parents/guardians are involved in the therapy process. The best outcomes occur when the therapist has a working relationship with both parents/guardians built upon collaboration and a desire to promote your child's best interest. In most cases, I will require the consent of both parents/guardians to work with their child. I will work with each parent/guardian to achieve successful co-parenting, as this is one of the best predictors of children's adjustment and psychological health when parents/guardians are divorced.

1. My role is to provide psychotherapy for your child, as determined by the initial diagnostic assessment, psychological testing (if applicable), and the psychotherapy treatment plan.
2. It is not my role to provide custody evaluations or opinions about parental fitness. I will be able to help implement parenting plans as a means to support your child's successful adjustment.
3. I will discourage the release of your child's mental health records to your attorneys. Please inform your attorneys not to subpoena me or your child's mental health records.
4. Your child's mental health records will likely contain information about both parents/guardians. Therefore, any requests for release of information to either parent/guardian or a third party must be signed by **both parents/guardians**.
5. If there is a court-appointed evaluator, and the appropriate releases of information are signed by **both parents/guardians**, I will provide the evaluator with general information about your child. This will not include opinions about custody or parental fitness.
6. If, for any reason, I am required to speak with attorneys or appear in court, I am entitled to reimbursement by the party responsible for my participation. The rate is **\$230.00 per hour** for review of records, preparing letters and/or reports, and telephone calls. The rate is **\$400.00 per hour** for a deposition or court testimony, including travel time.

Unless a parent/guardian has sole/legal/medical custody, both parents/legal guardians must consent to treatment in order for a child to be seen in our clinic. By signing below, you indicate that you agree that your child, \_\_\_\_\_, will participate in psychotherapy and that you agree to all statements and recommendations provided above to support your child's success in therapy.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date