

COURT ORDERED SERVICES FOR THERAPY or PARENTING COORDINATION

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Parenting Coordination in Texas is defined as “an impartial third party appointed by the court to assist parents in resolving issues relating to parenting and other family issues arising from an order in a suit affecting the parent-child relationship”. TFC 153.601(3). Parenting Coordination is an alternative dispute resolution process. **Therapy** is a joint effort between the therapist and the client, the result of which cannot be guaranteed. Progress depends on many factors, including motivation, effort and other life circumstances such as interactions with family, friends and other associates. The relationship between the therapist and client is the basis of the help that can be obtained in therapy.

Meetings: Depending on the specific role established in the order of the court, the therapist may facilitate joint meetings with both parents, joint meetings involving other relevant family members, individual meetings, meetings with your children, consultations with other family service providers and may initiate home visits. Unless prohibited by the court order, the therapist is authorized to interview your children privately in order to ascertain their needs. If a scheduled meeting must be cancelled, it must be done within 24 business hours of the scheduled appointment. It is the cancelling party’s responsibility to reschedule the meeting. When the appointment is a joint meeting, the cancelling party will notify all of the participants of the cancellation. If cancellation is not done within 24 business hours of the scheduled meeting, the entire appointment will be charged to the cancelling parent. Payments for the cancelled meeting must be paid prior to the next scheduled visit. Business hours are defined as Monday through Friday, 9:00am – 5:00pm.

Confidentiality: All information disclosed within sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Disclosure may be required pursuant to a legal proceeding such as therapy or evaluation by order of a court of law or in response to a legitimate subpoena. Reports to the court are limited and are only submitted upon specific request by the judge. Disclosure may also be required without your permission in the following circumstances: where there is a reasonable suspicion of child abuse or elder adult physical abuse, where there is a reasonable suspicion that the client presents a danger of violence to others, or where the client is likely to harm him/herself unless protective measures are taken.

Financial Obligation: Both parents will each submit a **\$250 deposit** prior to beginning any court ordered therapy or parenting coordination. After deposit funds are exhausted, payment for services will be billed at **\$100 per hour**. This fee is charged for reviewing documentation, meetings with parents, children and other family members, correspondences, phone contact, email monitoring, responses to subpoenas and consultation with other family service providers. The amount charged for services will be equally divided (with the exception of individual meetings) unless the therapist is provided with a certified copy of the divorce decree or court order that states otherwise. If the judge’s order to participate in therapy stipulates that only one parent is financially responsible and either parent cancels without 24 hours notice, the cancelling parent is responsible for that charge. Phone calls will be billed to the parent who initiates the call unless otherwise directed in the order. Appointments with children will be equally shared between parents unless otherwise stated in a court order. Health Insurance **CANNOT** be billed for any court ordered therapy. Missed appointments, late notice of cancellation fees and telephone charges will be billed. Reimbursement is due upon receipt of your invoice, and must be paid prior to the next scheduled appointment.

Additional Information

- Telephone calls to the therapist shall be conducted only during weekdays between 9am and 5pm. I understand that messages may take up to 24 business hours to be returned. All telephone contact initiated by either parent will be limited to scheduling appointments unless otherwise previously arranged with the therapist. Telephone calls initiated by either parent will be returned at the discretion of the therapist. Charges for telephone calls will be charged by the half hour for anything over 10 minutes and for the full hourly rate for anything over 30 minutes up to the hour.
- No subpoenas, citation, writs or other process shall be served at or near the location of any appointments or meetings, upon any person entering, leaving or attending any family therapy or parenting coordination.

Initials _____

- I may not at any time call the therapist as a witness in any legal or administrative proceeding concerning this matter. I agree not to subpoena or demand the production of any records, notes, or work product of my therapist or parenting coordinator in any legal or administrative proceeding concerning these matters. I understand I will be responsible for the fee for the therapist if I, or my legal representation, compel them to appear in court or testify. The fee is \$100 per hour rounded up to the hour, including travel time. There is a minimum charge of four hours. A deposit of \$400 for the therapist's time is required at least 1 week in advance. If the therapist is notified within 48 hours that the proceedings are cancelled, the deposit will be refunded; otherwise, the minimum 4-hour fee will be charged.
- My therapist does not offer legal advice or offer legal counsel, and I am advised to consult with my attorney in order to properly be counseled about my legal interests, rights and responsibilities.
- I am to notify my therapist or parenting coordinator in writing within 24 hours of any changes in my contact information, legal representation, residency or occupants of my home.
- My child(ren)'s other parent and I may make a joint decision in our children's best interest at any time without our therapist's assistance. I will notify our therapist of any significant agreements reached with my child's other parent outside of our family therapy or parenting coordination process.
- Family Therapy and Parenting Coordination requires open and honest communication in order to succeed. Therefore, all written and oral communication occurring during these meetings are privileged, and no electronic or tape recordings will be made during these meetings or telephone sessions.
- Sessions or meetings will not be held in the presence of either parent's attorney.

AUTHORIZATION FOR RELEASE OF INFORMATION

This section should be completed if you want your attorney, ad litem attorneys, visitation supervisors, physicians, child care providers, educators, former therapists and significant others involved in your case, to provide me with confidential medical, psychological, psychiatric, educational, or other appropriate information about you or your child. This authorization shall be effective from the date of signing, unless otherwise noted.

PERSONS OR AGENCIES (Please initial each one to the right)

THIS IS A (Please choose one)

- Two-way release** of information, so that Christy Mellen and the persons or agencies listed above may communicate with each other and share information about my child or client.
- One-way release** of information, so that Christy Mellen may share information about my child or client with the persons or agencies listed above.

Consent to Evaluation & Treatment

After reading and understanding the rights and responsibilities above, my signature reflects that I will abide by all of the conditions outlined in this document.

Client's Signature & Date

Therapist's Signature & Date

**PLEASE READ THE AGREEMENT FULLY AND INITIAL EACH PAGE BEFORE
RETURNING THE DOCUMENT VIA EMAIL or FAX 409.899.4606**

Initials _____