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Agreement for Parents

Psychotherapy can be a very important resource for children of separation and divorce. Establishing a therapeutic alliance outside of the home can:

- Facilitate open and appropriate expression of the strong feelings which routinely accompany family transitions, including guilt, grief, sadness and anger.
- Provide an emotionally neutral setting in which children can explore these feelings.
- Help children understand and accept the new family composition and the plans for contact with each member of the family.
- Offer feedback and recommendations to a child's caregivers based on knowledge of the child's specific emotional needs and developmental capacities.

However, the usefulness of such therapy is extremely limited when the therapy itself becomes simply another matter of dispute between parents. With this in mind, and in order to best help your child, I strongly recommend that each of the child's caregivers (e.g., parents, stepparents, daycare workers, *guardian ad litem* [GAL]) mutually accept the following as requisites to participation in therapy.

1. As your child's psychotherapist, it is my primary responsibility to respond to your child's emotional needs. This includes, but is not limited to, contact with your child and each of his or her caregivers, and gathering information relevant to understanding your child's welfare and circumstances as perceived by important others (e.g., pediatrician, teachers). In some cases, this may include a recommendation that you consult with a physician, should matters of your child's physical health be relevant to this therapy.
2. In most cases, it is beneficial for all caregivers remain in frequent communication, unless otherwise prohibited by court order, regarding this child's welfare and emotional well-being. Open communication about his or her emotional state and behavior is critical. IF verbal communication between caregivers has been difficult, please consult with the therapist for alternative methods of communication. In this regard, I invite each of you to initiate frequent and open exchange with me as your child's therapist via face to face scheduled appointments or emails. All written correspondence will remain a part of the child's case file.
3. I ask that all parties recognize and, as necessary, reaffirm to the child, that I am the child's helper and not allied with any disputing party.
4. I strongly recommend that all caregivers involved choose to participate in the available seminar where separating and divorced parents learn basic strategies for conducting a divorce in the best interests of the child. I can refer you to such programs.
5. Please be advised regarding the limits of confidentiality as it applies to psychotherapy with a child in these circumstances:
 - I keep records of all contacts relevant to your child's well-being. These records are subject to court subpoena and may, under some circumstances, be solicited by parties to your divorce, including your attorneys.
 - Any matter brought to my attention by either parent regarding the child may be revealed to the other parent. The therapist will use her discretion with regard to disclosure to either parent. It is the intention and ethical obligation to act in the best interest of the child at all times. Matters which are brought to my attention that are irrelevant to the child's welfare or safety may be kept in confidence.

- **I am legally obligated to bring any concern regarding the child’s health and safety to the attention of relevant authorities. When possible, should this necessity arise, I will advise all parties regarding my concerns.**

6. Payment for my services is due, in full, at the time of service in a manner agreed to by all parties involved. Any outstanding balance accrued (for example, in conference with attorneys, the GAL, or teachers), must be paid promptly and in full. Any time the therapist spends drafting letters, consulting with other interested parties, etc. will be billed at the regular rate of \$50.00 per hour.

Your understanding of these points and agreement in advance of starting this therapy may resolve difficulties that would otherwise arise and will help make this therapy successful. Your signature, below, signifies that you have read and accept these points.

Caregiver name	Date
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Printed name

Caregiver name	Date
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Printed name

Caregiver name	Date
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Printed name

Caregiver name	Date
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Printed name

Child’s name	Date of birth	Age
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Mental health professional	Date
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___ Copy accepted by client ___ Copy kept by therapist

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.