



Real Solutions to Fit Your Needs

# Grinstead, Pierce & Associates

## Informed Consent Form Child Therapy: Separated/Divorced Parents

### Separated/Divorced Parents' Agreement Form

I have brought my child \_\_\_\_\_, age \_\_\_\_\_, to Grinstead Pierce & Associates., for evaluation and/or treatment. I understand that my child is the patient – not me, any other sibling, or my spouse. This is true no matter who pays the therapist for the evaluation/treatment of my child.

I understand that the therapist's **primary responsibility is my child's best interest** and that the therapist may decide to involve me in my child's evaluation/treatment at their sole discretion. I understand that if payment is not received promptly for services rendered by to my child, the services may be suspended or terminated at therapist sole discretion, pursuant to the ethical guidelines governing counseling treatment.

I understand that therapist is not agreeing to be an **expert witness** or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that therapist may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her the discretion of the Clinical Directors of Grinstead Pierce & Associates. Grinstead Pierce & Associates will charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child.

### INFORMATION FOR SEPARATED, DIVORCED, OR NEVER MARRIED PARENTS

As stated above, it is our policy to ask for payment at the time that services are rendered unless other arrangements have been made in advance. We ask that you provide our office with any legal / court documents pertaining to health care provisions for the minor child and we will follow billing procedures as they have been ordered. If such documents are not provided, any fees owed to our office will be the responsibility of the parent who brings the child.

### Consent for Treatment

It is our understanding that parents with joint legal custody have equal rights in consenting to medical and mental health treatment, unless otherwise noted in a custody or divorce decree. For many reasons, it is absolutely critical that both parents agree that treatment is appropriate and that both parents agree on a mental health provider. If consent is not received from both parents, the therapist may not move forward with treating your child. If this situation arises, the therapist will work with both parents to find a solution and make sure your child receives quality mental health services. It will be the responsibility of the parent that is bringing the child to inform the other parent of the services being rendered.

## **Copayments**

Our office is not responsible for collecting co-payments from anyone but the person who brings the child to appointments. You are responsible for payment for services rendered to you or your minor children.

## **Custody and Visitation Issues**

The therapist cannot make any recommendations about custody or visitation. If custody and visitation are a concern, the therapist may speak with you about a referral to another therapist for a formal custody evaluation, a mediator, or a guardian ad litem. It is assumed that both parents want to work towards the best interest of their child, which includes maintaining a safe, therapeutic environment with the therapist.

## **Behavior / Conduct**

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriated decorum in the waiting room, clinic office, or therapist office. Out of concern for your child, other patients in our clinic, and clinic staff, parents are asked to behave respectfully to one another. If they do not behave in a civil manner, they may be required to attend sessions separately or services may be terminated. This also applies to appropriate behavior toward office staff.

## **Release of information**

If information from the child's record is requested, any person who has attended a therapy session with the child must sign a release or the information cannot be released.

Pursuant Iowa Code for the best interest of the child receiving counseling treatment therapy notes will be considered privileged and will not be released due to the harm for therapist/client relationship. Both parents will be entitled to initial assessment, treatment plan, diagnosis, prognosis, and a summary of the notes.

At any time you may request a therapist to discuss or review your entire chart that request will be in writing and must also be approved by the Clinical Directors of Grinstead Pierce & Associates. A fee will be charged of \$135 and this is not billable to insurance. If fee changes that information will be available on our website.

If you request to meet with the therapist and the child is not present insurance cannot be billed. A fee will be charged of \$135. If fee changes that information will be available on our website and posted on our bulletin board.

If you are using insurance, you should know that the explanation of benefits will go to the **policyholder** for the insurance.

I have read the above paragraphs and understand them. By signing below, I agree to the above.

Date \_\_\_\_\_ (SEAL)

Date \_\_\_\_\_ (SEAL)

Date \_\_\_\_\_ (SEAL)

Date \_\_\_\_\_