



Real Solutions to Fit Your Needs

Grinstead, Pierce & Associates

MINOR CHILD CHECKLIST

DATE: _____

CHILD'S NAME: _____ APPT. DATE: _____

PARENT'S NAME(S): _____

If your child is adopted we will need adoption paperwork to verify custody

ARE YOU AND THE OTHER PARENT MARRIED SEPARATED DIVORCED

(IF MARRIED AND COMING TOGETHER, YOU CAN SKIP THE REST OF THIS CHECKLIST)

If divorced, we will need a copy of the decree at or before the 2nd session

What are the custody arrangements? JOINT CUSTODY PRIMARY CUSTODY

OTHER _____

Who will be attending the appointments? _____

We always encourage both parents to be involved in therapy for a child. Will you notify the other parent? YES NO _____

Is there litigation pending at this time? YES NO

If yes understand that the therapist in not agreeing to be an expert witness or to testify at any deposition, court proceeding, or in any other way.

If there is joint custody or any type of shared custody, it is our understanding that each parent has the ability to give their consent for medical treatment of a child unless the court has specified in the order that the consent of both parents is required. Each parent can know about all appointments and treatment of the child. If either parent calls our office to inquire about appointments or treatment, we are obligated to release that information. We will always encourage both parents to be involved in the treatment of a child. We will not take sides or be involved in any pending litigation. The therapists are not inclined to abandon the patient by a quick and clinically unwarranted termination of treatment because one of the parents is upset.

CO-PAYMENTS - 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 child(ren).

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 guardian ad litem. It is assumed that both parents want to work towards the best interest of their child(ren), 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 appropriate decorum in the waiting room or therapist office. Out of concern for your child(ren), 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 towards office staff.

RELEASE OF INFORMATION – If information from the child(ren)'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 harm for therapist/client relationship. At any time, you may request a therapist discuss or review your entire chart with you. That request must be made in writing and be approved by the Clinical Director of Grinstead, Pierce and Associates. A fee will be charged of \$150.00.

If you request to meet with the therapist and the child(ren) is not present the child(ren)'s insurance cannot be billed. The parent attending the session can fill out new patient paperwork and their insurance can be billed, or the session can be paid out of pocket for the current session price.

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

Date _____ Name _____

Date _____ Name _____