



AMYTIELEMANS  
AND ASSOCIATES  
INDIVIDUAL, COUPLE & FAMILY THERAPY

## Co-Parenting Addition

We agree to retain \_\_\_\_\_ at Amy Tielemans & Associates as our Co-Parent Therapist.

Name \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Co-parenting involves working together with your child/children's other parent to create an environment where your child/children (hereafter referred to as "child") have the freedom to enjoy their time and create happy healthy relationships with both parents. Ideally, parents communicate, make decisions and support the other parent without conflict for the best interests of your child/children.

In cases of high conflict divorce, Co-parenting becomes helpful if parents are unable to work together to parent jointly without continued conflict.

Co-parenting is not the same as couple or family therapy. The goal is to help you reduce conflict, resolve misunderstandings, communicate and make decisions together to create and follow a parenting plan that works for you and your children.

Safety is always a primary concern and the co-parent therapist will make the decision as to who will be in the room for co-parent sessions. If the tension is too severe, we will recommend separate sessions until such time that conflict can be reduced, and it is productive to have both parents in the same session.



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At times during co-parenting therapy it is necessary to communicate information from one parent to another for the purpose of resolving a co-parenting issue. Please remember the ultimate goal is to help you communicate directly in a respectful and productive manner for the best interest of your child.

Co-parenting is not covered by mental health insurance. Mental health insurance is coverage for treatment of diagnosed mental health disorders. While mental health disorders are sometimes at the root of conflict, those disorders are treated during mental health therapy, not the co-parenting process.

In some cases, therapy will be recommended for one or both parents. In most cases we recommend therapy for your child. We feel it is important for all children managing conflict between their parents should have a therapist specifically to help them navigate through these difficult issues, learning to communicate with both parents about their own needs and concerns. If individual therapy for either parent or child is recommended, we will help you identify what your cost or insurance options will be for that therapy.

**Court-ordered co-parenting and co-parenting communication with attorneys or for matters of custody.**

Please be advised that it is not always in your best interest to include us in legal proceedings. Co-parenting is best utilized for continued treatment through difficult situations now and in the future. Court proceedings will often affect those relationships in the future.

We understand that with high conflict divorce and custody cases our participation in court and legal matters may be required. If it is necessary that you become involved in legal proceedings that require our participation, you will be expected to pay for all professional time, including preparation and transportation costs even if the call to testify is by another party. Because of the complexity of legal involvement, the charge is \$500 per hour. If we are called to testify, due to the uncertainty of this schedule we will need to cancel a whole day of clients. The charge for testifying is \$2,500.00.

As therapists our goal is to help parents raise happy, healthy, successful adults. As healthy co-parents, modeling cooperation and flexibility will help your child navigate the conflicts faced as they grow up.



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### **Appointments**

We recommend regular appointments twice each month in the beginning of Co-parenting. Often each parent will be seen individually prior to scheduling the first appointment together. After the first joint session you will work together with to schedule what works best for both parents.

### **Co-Parenting Fees**

Unless otherwise stipulated by the Court, each party will be responsible for one half of the all accrued fees.

1. For time spent in meeting with the parents, either together or individually the charge is \$170. \$85 per parent per 60-minute session.
2. Unless otherwise stipulated by the court, each party will pay for their own individual time spent in person, on the phone, or in electronic communication with the co-parent therapist. This is to avoid one parent from creating additional fees to the other parent.
3. For time spent in session with both or either parent and the minor child/children the charge will be \$170 per 60-minute session.
4. For time spent in session with the minor child/children, without the adults being present, the charge will be \$170.00 per 60-minute session.
5. Longer sessions will be billed accordingly, pro-rated at the same \$170.00 per 60-minutes.



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6. For time spent on phone calls, text message (not recommended), e-mails, or correspondence with other professionals the cost is pro-rated at \$170.00 per 60-minutes.
7. In the unlikely event the co-parent therapist will be deposed or called into court, fees for all court related preparation, reading court documentation, preparing notes, recommendations or reports for the parties attorneys or the court, phone calls, and emails the court charge will be pro-rated at \$500.00 per hour.
8. If we are called to testify, because of the uncertainty of this schedule we will need to cancel a whole day of clients. The charge for testifying is \$2,500.00, paid in advance.

Because the scheduled appointment time is held exclusively for one person or task, each party understands that in the event that a scheduled appointment is cancelled, unless the co-parent therapist is notified 24 hours prior to the scheduled appointment, they will be billed for that appointment.

In the event that one parent does not appear for a scheduled joint appointment and has not given twenty-four hours' notice, and the other parent does appear or is prepared to appear, the parent who does not appear shall be responsible for both parent's fees.



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My signature on this page indicates that I have fully read, understand and accept the above terms for Parent Co-Therapy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Therapist                      Date



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**Welcome to Amy Tielemans and Associates.**

This document contains important information about our professional services, business policies and your privacy rights and the disclosure of your healthcare information. Please read it carefully and note any questions you have so that we can discuss them at our next meeting. When you give your consent in writing, it will represent an agreement between us for individual, couple, marriage, and/or family therapy

Therapy is not easily described in general statements. It varies depending on the personalities of the therapist, client and the particular issues involved. There are many different methods we may use to deal with the concerns that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will need to work on things we talk about both during our sessions and at home.

The relationship with your therapist is important to your successful treatment. We do our best to connect the right therapist with the client, but sometimes that connection fails to develop. Please do not hesitate to talk to your therapist or call the office if you have a question or feel you might need to meet with a different therapist.

**Confidentiality**

Professional ethics and state and federal law require confidentiality of information shared as a result of mental health services rendered. The exceptions are in the case where there is concern for your safety or harm to others. Professional consultation is an important part of a healthy therapy practice. We work as a team and regularly discuss clinical, ethical and legal issues with one another and other health professionals to offer you the best possible care. Every effort is made to avoid any identity of the client. Other professionals are also bound to keep all information confidential.

It is necessary for us to communicate about administration issues such as scheduling, payment and contact information. In all other communication we will require authorization from you to speak with other individuals such as physicians, school counselors, lawyers and other family members.

Please be conscious and respect the confidentiality of other clients you may see while waiting for your session



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Confidentiality in therapy is crucial to successful progress with children and teens. We request that parents understand and consent to this philosophy.

We will always help parents to understand the progress of their child's or teen's therapy and the process of which they can help their child heal and family system changes that can be adjusted to benefit the child and the family without breaking the child's confidence.

We will notify a parent immediately of any concern that a child or teen may hurt themselves or others in any way.

Children of divorced parents, under the age of 14, where both parents have joint custody, will need the consent of both parties before treatment can begin.

### **Couple and Family Confidentiality**

Professional ethics and state and federal law require confidentiality of information shared in our sessions. In general, we make every effort to keep the information and thoughts shared confidential because it is vital to successful therapy.

When working with couples and families, we believe the relationship itself is the client. However, because most relationships have their basis in individual issues, we often will see you individually as well as together as necessary.

During individual sessions, the focus is on the person we are working with at the time. We do our best to keep the specifics of what we have learned during those individual sessions confidential with the hopes that you can share those issues with your spouse, whether it is on your own, or during a couple's session. Our job is to help you communicate your needs and thoughts with your spouse.

That being said, we cannot hold secrets told during an individual session that would sabotage the relationship, such as an affair, drug use or other dangerous behavior. Our goal in these incidences is not to break your confidence, but to help you share vital information with your partner when you are ready. In some cases, we may need to suspend couple's therapy if it is no longer beneficial to the relationship.



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### **Mandated Reporting Laws**

While our primary goal is to help our clients create safe, healthy and sustainable relationships for the next generation, we are mandated reporters of suspected child abuse and elder abuse. We are held to a high standard of responsibility to report reasonable suspected abuse with a severe penalty for not reporting. It is not our job to investigate the abuse, but simply to notify ChildLine or the proper authorities. If you have an abusive relationship you would like to personally report, we are available to help you do that.

### **Scheduling and Cancellation**

We strive to be flexible with scheduling and make every effort to accommodate everyone's appointment requests.

We accept requests for appointments by phone, text or email. Requests **MUST** be confirmed.

We expect 24 hours' notice for appointment cancellations. We understand there are times when a last-minute cancellation is unavoidable. Illnesses, emergencies, etc. are a part of our lives, just as they are a part of yours. However, for a missed appointment or last-minute cancellations we reserve the right to charge for a full fee amount allowed by your insurance company or a full self-pay rate. Your insurance will not cover the cost of your missed session; you will be responsible for payment in full. We will retain a credit card on file for missed appointments.

This is taken seriously for two reasons.

First, successful treatment depends on your participation. Missed appointments can negatively affect your success.

Secondly, your missed appointment time could have been used for another client with an urgent issue.

\_\_\_\_\_ **I have read and understand the missed appointment and cancellation policy and payment.**





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**Limits to Confidentiality with Electronic Communication**

It is very important to be aware that computers, email and cell phone communication, including texts, can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please notify your therapist if you decide to avoid or limit, in any way, the use of emails, texts or faxes. If you communicate confidential or private information via email or text, we will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. We will honor your desire to communicate via e-mails and texts, but they should be used for scheduling and forms only. Due to computer or network problems, emails may not be deliverable, and we may not check our emails daily.

**Please remember, we are not a crisis facility. In an emergency please call 911 or go to the emergency room. Your safety is always most important.**



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**Client Services Acknowledgement and Agreement**

I have read and agree to the above information, and hereby give my consent to treatment. Additionally, I authorize Amy Tielemans & Associates to contact me by mail, phone, and electronic means at the mailing address, phone numbers, and e-mail addresses provided on the client information form. Any exceptions to this authorization to contact are noted below:

We are looking forward to working with you towards healthy, sustainable change for you and your family.

Therapist \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I have read and agree to the 24-hour cancelation and insurance policies.

\_\_\_\_\_ I agree to electronic communication. I am aware the texts and emails should be used for scheduling and minimal communications, not therapeutic information.

\_\_\_\_\_ I have been given the opportunity to ask questions of my therapist concerning the client agreement with Amy Tielemans & Associates.

\_\_\_\_\_ I have read and understand the rules of confidentiality.

\_\_\_\_\_ I have read and understand the HIPAA disclosure and privacy practices.

Exceptions \_\_\_\_\_

If the client is less the 14 years of age.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Limits of Confidentiality in Couple and Family Therapy**

We agree that we have entered into therapy in good faith. While every effort is made to maintain individual confidentiality shared with the therapist during individual sessions, we agree to the limits of confidentiality laws of disclosure when harming ourselves or someone else. We understand that while the therapist will not share specific content of the individual sessions, the goal is to provide information to the other partner or family member that will improve communication and foster positive sustainable change for the relationship.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_