

# ALL THINGS POSSIBLE WELLNESS CENTER, PLLC

## CHILD CUSTODY AND TREATMENT CONSENT

The therapists at ATPWC are not custody evaluators and cannot make any recommendations on custody. Please contact your lawyer who can refer you to a licensed medical professional who DOES provide custody evaluation if needed.

Due to the sensitive nature of divorce and all potential issues that may arise in such cases, we have very specific policies to which you must agree before we enter a counseling relationship.

I. We require a copy of any most current standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session. It is your responsibility to timely provide the therapist with written documentation of any changes to the child's physical custody or legal custody arrangement.

II. In most cases we need to have contact and written/signed consent with/from both legal guardians before we see the child for counseling. In the case there is a final decision maker on health related issues who wants the child to be seen for counseling even in the case the other parent does not agree, it is to the discretion of your therapist as to whether the child will be seen.

III. We will provide an interview with any court-ordered Guardian ad Litem (GAL) and/or custody evaluator (CE) whom the court has ordered will have access to the child's records and any time spent speaking with the GAL or CE will be billed to and paid by you, the client at our court related fee hourly rate of \$240/hour. It is your responsibility to provide a copy of the court's order to the therapist prior to any interview with a GAL or CE.

IV. We will be in equal contact with both parents who share in legal custody of the child being seen for counseling and will offer and encourage opportunities for both parents to participate in parent consultations along the way.

V. Family sessions may be recommended and depending on the case, may need to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.

VI. We require all clients waive rights to subpoena any of our therapist to court. By signing this agreement, you are acknowledging and agreeing NOT to have us subpoenaed to court. This policy is set in order so that we can preserve the integrity of the therapeutic progress and relationship with you and/or your child(ren). There are exceptions to this and we can discuss further should the issue arise, and this policy needs to be waived.

VII. In the case the above policy regarding subpoenas and court is waived (or disregarded) and we are subpoenaed to appear in court -- even with a waiver of this policy -- you will be billed for the full standard fee for Court Related work of \$1,000 per day (1-8 hours) for all professional time. Any time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the GAL in connection with the court appearance will be billed at \$240.00 per hour. Any time spent waiting at the courthouse in addition to time on the stand as well as any travel time will be billed at \$1,000.00 per day (1-8 hours). Any reduced fee granted for counseling sessions in the office will not apply to court related work.

### AGREEMENT TO OUR DIVORCE AND CUSTODY POLICIES

Please print, date, and sign your name below in agreement agree to abide by all the policies outlined herein including your full agreement not to have ATPWC, or my therapist, subpoenaed by myself or any attorney I may employee.

Minor(s) Name In Box Above

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Date

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

I have  Legal Custody ---  Physical Custody

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Date

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

I have  Legal Custody ---  Physical Custody

The signature of the therapist below indicates that she/he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date