



THEA LANGLEY

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133 FIRST STREET

PRATTVILLE, ALABAMA

**CO-PARENTING AND PARENTAL COORDINATOR
ADVISEMENT AND INFORMED CONSENT FORM**

I, _____, the undersigned client, understand that I have agreed to or the court has ordered my participation in parenting coordination/co-parenting counseling in regards to the litigation pertaining to the following children:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

I understand that the appointed Co-Parenting Therapist, Thea Langley, has full discretion regarding program implementation as outlined in this document.

Co-Parenting Education services focus on reducing parental conflict in order to enhance the children's emotional functioning and facilitate shared parenting. A parenting coordinator/co-parenting therapist is a neutral person to whom parents can turn when in dispute on matters relating to the children. The parenting coordinator/co-parenting therapist will examine the case and follow the orders of the court to assist the parents in compliance with the orders. The parenting coordinator/co-parenting therapist will also assist the parents in enhancing their co-parenting relationship, coordinating supervisors where necessary, and determining logistics of visitations. To aid in coordination Thea Langley may meet with children, review their school grades, extracurricular activities and psychological assessments or counseling notes. While there are several mental health skills used in helping families, this is not psychotherapy or counseling. *Co-parenting is an educational and consultation style relationship and thus the therapist-patient confidentiality and privilege is NOT applicable.*

Parenting Coordination/Co-Parenting Counseling is an attempt to introduce, coordinate and implement a co-parenting plan to aid in issues related to raising children in two

separate homes. The role of the parenting coordinator/Co-Parenting Therapist is to help parents reach successful resolution of disagreements regarding parenting issues themselves if possible, and if not to be a neutral third party to assist in proper decision making. If so authorized by the court, the parenting coordinator/co-parenting therapist may also make recommendations for the parents in the event the parents are unable to agree on a solution or fair consensus. These decisions do NOT involve the adult's property, finances or issues not directly related to the health and wellbeing of the minor children.

The parenting coordination/co-parenting is limited to aiding the parents in all of the following areas:

Identifying issues and resolving issues, creating methodology to assist parents in communication, reducing misunderstandings, clarifying priorities, complying with court orders in regards to visitation, coordinating access to the children, coordinating supervisors (if so ordered or agreed) and developing methods to help parents collaborate with one another.

I understand that once the case has been court ordered that their attorneys must provide any pertinent court orders or other reports. They may also include intake information, records regarding their clients, correspondence, children's records for counseling, schooling, extracurricular activities, prior assessments, and other relevant information.

When ordered to do so by the Court, the parents shall direct any disagreements regarding the child(ren) to the parenting coordinator before seeking court actions, unless the child's safety is at risk. Any concerns or complaints regarding the parenting coordinator/co-parenting therapist should be addressed to the parenting coordinator/co-parenting therapist in writing. Thea Langley is NOT an emergency service. If an emergency occurs the parents should call 911 or other crisis intervention services.

The parenting coordinator/co-parenting therapist differs from a traditional therapy relationship in several ways but most importantly, there is no therapist – client relationship due to the educational/consultation service and by way of release, all therapists, attorneys, ad litem, supervisors, physicians, child care providers, babysitters, and educators as well as those with any significant involvement with the children are authorized to release information directly to the parenting coordinator/co-parenting specialist and in turn the parenting coordinator/co-parenting therapist is authorized to discuss significant information with these individuals or the courts in order to assist in the process. Although the parenting coordinator /co-parenting therapist may collect this information, this is NOT A FORENSIC EVALUATION and should not be construed as such.

The parenting coordination/co-parenting therapist process requires open and honest communication in order to succeed. The parenting coordinator/co-parenting therapist is required to report certain matters, such as incidents of child abuse, threats or neglect.

I understand that my participation and cooperation with the parenting coordinator/co-parenting therapist can be instrumental in reducing conflict between parents and stress in

children. I agree to maintain a serious commitment to the process and agree to abide by the guidelines and requirements of the program as noted herein.

I further understand that the parenting coordinator/co-parenting therapist cannot change the legal custody status of my children nor does the parenting coordinator/co-parenting therapist have the authority or ability to determine whether visitation shall be supervised or unsupervised in accordance with applicable state and federal laws.

I understand that by signing this, I am allowing free and open disclosure between the parenting coordinator/co-parenting therapist, each parent, children, lawyers and the court as deemed necessary and at the discretion of the parenting coordinator/co-parenting therapist.

I understand and with regard to my children, agree that I am working alongside my co-parent and Thea Langley, MFT, as a parenting coordinator/co-parenting therapist for services and conditions as described above. My signature reflects that I have read and will abide by the conditions outlined in this document and shall serve as verification that I understand the role of the parenting coordinator/co-parenting therapist and that I understand no therapist-patient relationship exists.

Signed this _____ day of _____, 20_____.

Date: _____

Client name printed

Client Signature

GENERAL INFORMATION AND OFFICE POLICIES

Fountain City Counseling welcomes you as a potential client. This General Information and Office Policies form stands as your notification of our office policies and general parenting coordinator/co-parenting therapist duties. Below there is a place for you to sign, signifying your consent to these services as ordered by the Court and your understanding of the policies and practices of Fountain City Counseling.

Co-Parenting/Parental Coordination Process: Parenting Coordination and Co-Parenting Counseling usually begins with a court referral due to civil litigation. Once the court has assigned me the parenting coordinator/co-parenting therapist, we begin the *intake process* designed to evaluate your needs and difficulties and to help you and your co-parent make decisions about your individual system circumstance. The parenting coordinator/co-parenting specialist is NOT a therapist in this capacity and **there is no therapist-patient confidentiality.**

After Hours or Emergency Care: Fountain City Counseling does NOT provide emergency care. Should you require emergency services, you should call 9-1-1 or go to the nearest emergency room. Please do not text or email your parenting coordinator if you are experiencing thoughts of suicide or violence but report immediately to the closest emergency room and/or dial 9-1-1.

Confidentiality: Fountain City Counseling parenting coordinator/co-parenting services are not considered therapy services and thus are not covered by any therapist-patient relationship or covenant. The parenting coordinator/co-parenting specialist differs from a therapist in several ways but most importantly, there is no therapist – client relationship and by way of release, all therapists, attorneys, ad litem, supervisors, physicians, child care providers, babysitters, and educators as well as those with any significant involvement with the children are authorized to release information directly to the parenting coordinator and in turn the parenting coordinator is authorized to discuss significant information with these individuals or service providers in order to assist in the process. Although the parenting coordinator may collect this information, this is NOT A FORENSIC EVALUATION and should not be construed as such.

Appointments and Cancellations: All appointments are made with your parenting coordinator/co-parenting specialist. When available, you may be able to schedule and cancel appointments at our website. If you are unable to keep a scheduled appointment, please notify your parenting coordinator/co-parenting therapist no less than twenty-four (24) hours in advance. Failure to give 24-hour notification to the therapist may result in a charge up on the amount of your fee and will be charged a non-appearance fee of in the amount of your regular session fee.

Fees and Payment: The Parenting Coordinator/Co-Parenting Fee Agreement will be signed at your initial appointment and will state your fee and payment requirements. We request payment at the time of your appointment and no less than once per month for ongoing coordination services. You will be sent a monthly bill for scheduling, conferencing and general parenting coordinator services when necessary. You may pay by cash, check or credit card. Each check returned due to insufficient funds shall incur a charge of thirty dollars (\$30.00) plus any applicable bank fees. If your account is more than ninety (90) days overdue, we reserve the right to turn your account over to a collection agency and notify the Court and your counsel of your delinquency. In addition, there will be a ten dollar (\$10.00) per month late fee added to all bills not paid within thirty (30) days. You specifically waive the right to confidentiality regarding financial information given by Fountain City Counseling to a collection agency if need

be. If you are not able to pay the normal fee for parenting coordination, discuss your situation with your attorney and your parenting coordinator.

Court Ordered Clients/Court Affiliated Services/Court Appearances: When working with clients involved in litigation, unless designated by the court, all fees will be split evenly between the parties involved. These fees include sessions, reports, and court appearance requested by the GAL unless designated differently by the Court. Court fees are applied at the point that the Co-Parenting Therapist is asked by either party to attend for representation or to testify in a hearing. Court fees will be charged regardless of the postponement unless the proceedings are postponed five (5) business days in advance. Fountain City Counseling Charges Two Hundred and Fifty per hour (\$250.00) for any court related activities from the moment the Co-Parenting Therapist leaves their office to the time the therapist returns to their office (“portal to portal”). These fees apply whether the therapist testifies or not. We do not apply any reduced fees to time spent making court appearances. The court time will also apply to any time needed to prepare for court, provide records, reports, emails, etc. When reserving time for court appearances, reservation is made in 1/2 day segments. Reserving time for a morning court appearance begins at 8:30 and ends at 12:30. An afternoon reservation begins at 12:30 and ends at 4:30. Payment for this service must be paid prior to court appearance. Any time over the reserved time period will be due the next business day.

Insurance: Fountain City Counseling does NOT accept insurance for Co-Parenting services. With your permission, we will help you to the largest extent possible. Most insurance companies require that you authorize a licensed therapist to provide them with a clinical diagnosis to pay for services. As this is an educational service, NOT a therapy service, we will not be evaluating you for a mental health diagnosis and thus cannot provide such information to your insurance company.

Professional Records: Records of Co-Parenting issues with visitation, supervisor reports, school records and any and all other documents are recorded and maintained in a secure location. We keep brief records, we note when you are present, billing, goals, and progress. Records are kept for seven (7) years and then destroyed at the end of the seventh year.

Complaint: If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may complain to us in writing to the following person:

Compliance Officer: Thea Langley
Executive Director
Thealangley@gmail.com
133 First Street
Prattville, AL 36067

You may also submit a written complaint to: United States Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW

Washington, DC 20201

I, _____, the undersigned client, hereby acknowledge that I have reviewed, understand, and agree to the following:

Upon reviewing, understanding and agreeing to the documents below, please initial acknowledging your compliance to these documents.

Co-Parenting Therapist Advisement and Informed Consent Form: _____

General Information and Office Policies: _____

Name and Address of Executive Director: _____

Address for Civil Rights violation complaints: _____

I have fully read and understand the above listed documents. My signature reflects that I have read and will abide by all conditions outlined in this document and shall serve as verification that I understand the role of the parenting coordinator/co-parenting therapist and that I understand no traditional therapist-patient relationship/confidentiality exists. I understand that the sessions involved are from an educational/consultation stance and that no confidentiality exists that traditional counseling permits.

Signature: _____

Date: _____

Printed Name of Client: _____

