



**THEA LANGLEY**

334.595.3551  
133 FIRST STREET  
PRATTVILLE, ALABAMA

**PARENTING COORDINATION 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 in regards to the litigation pertaining to the following children:

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I understand that the appointed parenting coordinator, Thea Langley, has full discretion regarding program implementation as outlined in this document.

Parenting coordination services focus on reducing parental conflict in order to enhance the children's emotional functioning and facilitate shared parenting. A parenting coordinator is a neutral person to whom parents can turn when in dispute on matters relating to the children. The parenting coordinator will examine the case and follow the orders of the court to assist the parents in compliance with the orders. The parenting coordinator may also assist the parents in enhancing their co-parenting relationship, coordinating supervisors where necessary, and determining logistics of visitations. To aid in parenting 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. *Client is not a patient of Thea Langley, and thus the therapist-patient confidentiality and privilege is NOT applicable.*

Parenting coordination is an attempt to 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 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 may also

make recommendations for the parents in the event the parents are unable to agree on a solution or fair consensus. Parenting coordination does NOT involve the adult's property, finances or issues not directly related to the health and wellbeing of the minor children.

The parenting coordination is limited to aiding the parents in all of the following areas: Identifying issues and resolving issues, 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 accepted for services 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.

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 should be addressed to the parenting coordinator in writing. The parenting coordinator is NOT an emergency service. If an emergency occurs the parents should call 911 or other crisis intervention services.

If either parent is dissatisfied with the performance of the parenting coordinator they may request that the court terminate services or appoint another parenting coordinator. The parenting coordinator also reserved the right to request a withdrawal from the court should she feel that her services are no longer effective or the parenting coordinator feels a conflict has development. If such situation should occur, the parenting coordinator would notify the parties and their respective attorneys and the names of trained professionals available to resume the role of parenting coordinator will be provided to the court and to attorneys of record.

The parenting coordinator 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 litems, 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.

The parenting coordination process requires open and honest communication in order to succeed. The parenting coordinator is required to report certain matters, such as incidents of child abuse, threats or neglect, and confidentiality does not extend to these matters or any other matters in this case.

I understand that my participation and cooperation with the parenting coordinator can be instrumental in reducing conflict between parents and stress in children. I agree to maintain a serious commitment to the coordination and agree to abide by the guidelines and requirements of the program as noted herein.

I further understand that the parenting coordinator cannot change the legal custody status of my children nor does the parenting coordinator 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, each parent, children, lawyers, teachers and the court as deemed necessary and at the discretion of the parenting coordinator.

I understand and with regard to my children, agree to retain Thea Langley, MFT, as a parenting coordinator for services and conditions as described above. 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 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 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.

**Coordinator Process:** Parenting Coordination usually begins with a court referral due to civil litigation. Once the court has assigned me the parenting coordinator, we begin the *intake process* designed to evaluate your needs and difficulties and to help you and the parenting coordinator make decisions about how the process will proceed. This may take one interview or a series of interviews. The parenting coordinator 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 services are not considered therapy services and thus are not covered by any therapist-patient relationship or covenant. The parenting coordinator 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. 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 no less than twenty-four (24) hours in advance. Failure to give 24-hour notification to the counselor 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 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. 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 fees. Court fees are applied at the point that the parenting coordinator 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 One Hundred Twenty Dollars per hour (\$120.00) for any court related activities from the moment the 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.

**Insurance:** Fountain City Counseling does NOT accept insurance for parenting coordinator services and therefore it is important to evaluate what resources you have available to pay for your parenting coordinator services. With your permission, we will help you to the extent possible. Most insurance companies require that you authorize a therapist to provide them with a clinical diagnosis to pay for services. As this is NOT a therapy service, we will not be evaluating your and thus cannot provide such diagnosis.

**Professional Records:** Records of parenting coordination, 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, your billing, goals, and progress. Records are kept for seven (7) years and then destroyed by fire with professional witnesses signing that the records were appropriately destroyed.

**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](mailto: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.**

Parenting Coordinator Introduction Letter: \_\_\_\_\_

Parenting Coordinator 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 and that I understand no therapist-patient relationship/confidentiality exists.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Client: \_\_\_\_\_

