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Informed Consent for Co-Parenting Counseling

The following information is provided with the intent of offering you the best possible co-parenting counseling experience.

When a couple who is actively raising children goes through a separation and/or a divorce, their relationship continues but transforms into that of co-parents. Co-parent counseling is meant to help you with this transition and define what this new relationship will look like while keeping the focus on the business of raising children in the new family system. Co-parenting counseling is different from couple's therapy in that the focus is on relationship transition rather than reparation. We will attempt to identify relationship dynamics between the parents that could both hinder and/or help your working relationship on behalf of the children going forward.

Confidentiality

Any information that you disclose in the course of co-parenting is held in strict confidence by the co-parenting therapist. Any information concerning our professional relationship will only be released with your prior, written consent.

There are some exceptions to this guarantee, which are required by California law. **I am legally required to report all incidents of suspected child, elder or dependent adult abuse to the appropriate authorities. I am also legally mandated to take preventative action should a client present a danger to him/herself or others.** In addition, information and records may be provided in the event of a court order. Finally, for the purposes of providing quality care, I sometimes utilize other professionals in the field for consultation. In doing so I seek to maintain clinical integrity while protecting client identity as much as possible. If you elect to communicate with me by email at some point in our work together, please be aware that I do not have encrypting software on my computer so while my computer is password protected, email confidentially is not totally under my control.

If co-parenting is court ordered, we will discuss together any attorneys, mediators or other personnel involved in your case that may expect to speak with me. If co-parenting counseling is voluntary, you may desire for me to speak with such individuals. I will speak to these individuals only after both parties have been informed about what will be communicated and both parties have provided written consent for these communications.

Scheduling and Cancellations

Counseling sessions are 50 minutes in length, unless otherwise arranged. Appointments represent time reserved exclusively for you. **If you must cancel an appointment, you must give at least 48 hours notice, or you will be charged your usual fee for the missed appointment.** Cancellations may be left on my voice mail or email at any hour of the day or night.

Fees

The fee per session is \$185. Fees may be paid by cash, check, Visa or Mastercard and payment shall be made at the time of each meeting. The hourly fee is applicable for time spent in co-parenting at the time the meeting is scheduled and for time outside of the meetings required to study documents, communicate with the parties or to communicate with collateral contacts in 15 minute increments.

Availability and Emergencies

My office is equipped with a confidential voice mail that will receive messages any time. I will make every effort to return calls within 24 hours or by the next business day, but cannot guarantee that calls will be returned immediately. In emergency situations, if you are feeling unsafe or require immediate medical or psychiatric assistance when I am not available, you may get immediate assistance by calling San Mateo County's 24-hour crisis line at (650) 579-0350 or 911, or by going to the nearest emergency room. A colleague will be on-call and available by phone or for sessions whenever I am out of town; I will notify you of the name and number of this person, as it will be indicated on my voice mail during my absence.

If you have further questions about my training, experience or approach, or need clarification regarding any of the above information, please do not hesitate to ask me.

I have read, understand and agree to the above policies and the fee for services.

Signature: _____ Date: _____

Signature: _____ Date: _____