



## Divorced/Soon to be Divorced/Separated Parent Policy

\_\_\_\_\_ INITIAL HERE IF THIS DOES NOT APPLY TO CLIENT

The professionals and employees of Viewpoint Psychological Services seek to provide a high quality of care to our clients and their families. Divorce can sometimes complicate the services being provided. The following is our policy regarding Divorced/Soon to be Divorced or Separated Parents:

1. A copy of the custody agreement is required prior to your child’s first appointment.
2. Court- related evaluations require a court order.
3. We require that the parent requesting treatment and/or evaluation through our office notify the other parent (birth or adoptive) that treatment is being sought.
4. We ask that both parents schedule an appointment to provide important information regarding the child and to receive periodic treatment updates. Exceptions may be made on an individual basis with legally bound reasons being provided (ex. potential for danger, etc.). It is the responsibility of the treatment-seeking party to request consent from the other parent. If we are informed that a parent with decision-making rights does not consent to treatment, services will be terminated immediately.
5. Our office does not accept responsibility for seeking payment from the non-treatment seeking parent, regardless of your arrangement. Payment for service is due at the time of service, regardless of the custody arrangement. The following are the options for payment of services:
  - a. both parents can sign the New Client Packet in full and divide cost and pay together at the time of service, or
  - b. the treatment- seeking parent is responsible for paying for the services and gaining reimbursement from the other party.

Both options require that monies due be paid at each appointment, or in advance. We recommend credit cards are kept on file to be charged at each appointment, to reduce conflict around this issue.
6. Viewpoint Psychological Services **does not agree** to keep information provided by one parent from the other parent when you share joint legal custody. Information important to the well-being of the child will be openly shared and discussed as appropriate. Stepparents may be asked to participate in evaluation and treatment, if deemed in the best interest of the child. This is in addition to the limits of the confidentiality policy provided.

I, \_\_\_\_\_, (parent or legal guardian) have read the divorce policy provided. I understand the policy and agree to its terms and provisions. I provide my consent from the provider(s) to speak to my child(ren)'s other parent and related parties regarding the treatment and/or evaluation provided.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian A

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Legal Guardian B

\_\_\_\_\_  
Date