

Carol R. Hirshfield, Ph.d.

A Psychological Corporation
Clinical Psychologist (PSY 16827)

11340 W. Olympic Blvd., Ste. 265
Los Angeles, CA 90064
Office Telephone (310) 473-3200
Fax (310) 479-4718

CO-PARENTING THERAPY AGREEMENT

This agreement is made between _____ and _____, hereinafter referred to as “the parties” and the co-parenting therapist/mediator, Dr. Carol Hirshfield. Co-parenting therapy includes therapy, education and mediation of disputes.

Issues of Concern. The parties and/or the Court specify the following issues of concern that are to be addressed in the co-parenting mediation:

A) Emotional/Behavioral Problems of the Child(ren):

B) Problems Between parents and child(ren):

C) Communication, Co-parenting Difficulties:

D) Coaching on Parenting Skills:

E) Other (Specify):

Confidentiality and Reports to the Court.

There shall [] shall not [] be a direct report to the court regarding progress in co-parenting mediation. Note: Such report will not include recommendations regarding physical custody, visitation, or other issues which might constitute a 730 evaluation.

If there is no report to the court, co-parenting mediation shall [] shall not [] be considered confidential for the purposes of any future court hearings or evaluations regarding custody matters.

Dr. Carol Hirshfield may [] may not [] communicate in a simultaneous conference call with attorneys regarding this case. Such communication shall occur only with prior consent of both parties, and only with both parties. No unilateral attorney conference calls shall occur, except if Minor’s Counsel is involved. If there is appointed Minor’s Counsel, such conferences will occur if that is within the authority of Minor’s Counsel.

Dr. Carol Hirshfield shall [] shall not [] have access to any evaluation reports, court filings or declarations that have previously been done regarding this case.

Dr. Carol Hirshfield may [] may not [] communicate with other family member's individual psychotherapists. Communication with outside parties will only be done with specific signed consent by both parties to give or receive information about themselves or their children.

There is no video or audio recording during any session without explicit agreement of all parties to do so.

Fees. The hourly rate for this service is \$300. The parties should arrange for payment of the deposit within five days prior to the initial session. The estimated deposit is based on 2 sessions of 2 hours each, or \$1200 unless otherwise specified. Further sessions are to be paid at the time of service. All unused fees will be refunded.

The cost of the co-parenting mediation shall be paid as follows: _____1/2 by each party; or other: _____. Payment should be made in the form of a check made payable to Carol Hirshfield, Ph.D, 11340 W. Olympic Blvd., Ste. 265, Los Angeles, CA 90064.

Authorization is requested for credit card payment of any fees not paid at the end of a calendar month or within one month of receipt of the statement. Provide information and sign the authorization on the form attached. In the event that costs are incurred in collecting outstanding fees, such as collections agency or any court involvement, such costs will be the responsibility of the client.

Professional fees will be charged for all direct sessions, sessions with each party, and any phone calls or writings required in the course of the mediation, including but not limited to communication with the parties, their attorneys, collaterals (teachers or other psychotherapists), or the court.

Cancellation of all sessions must be made within 48 hours (two business days) in advance, or the fee for the session will be charged to the party making the cancellation.

I, the undersigned have read the above fee policies and procedures and agree to abide by them. I agree to authorize payment for any fees outstanding at the end of any month on the authorization form attached.

Dated: _____ Signature: _____

Print Name: _____

Dated: _____ Signature: _____

Print Name: _____