

Carol R. Hirshfield, Ph.D.

Clinical Psychologist

CA License: PSY 16827

WA License: PY 60909142

drcarol@drcarolhirshfield.com | www.drcarolhirshfield.com

Phone: 310-560-7978 or 310-473-3200

Seattle Address

1307 North 45th Street, Suite 200
Seattle, WA 98103

Los Angeles Address

10801 National Blvd., Suite 221
Los Angeles, CA 90064

Enrollment in Co-parenting with my Ex © (COPE©) By ZOOM

For: _____ Co-parent name: _____

Client Name(s)

The goal of Co-Parenting with Your Ex© is to help parents reduce conflict, improve communication, and negotiate parenting agreements in the best interests of their child(ren). This class meets via telehealth, a HIPAA compliant version of ZOOM. Each parent must have access to a web cam, microphone or mobile phone with those capabilities.

I hereby authorize Dr. Carol Hirshfield to charge to charge the **\$400 fee per parent** for enrollment in COPE class:

_____ Master Card _____ Visa _____ Discover _____ American Express

Card No. _____

Expiration Date _____ CVV Code (3 #s on back; or 4 digit for AM EX): _____

Name as it appears on my card: _____

Billing Address: _____

Address

City

State

Zip code

Phone: _____ Email: _____

If I decide not to take the class, I will give at least 1 week notice prior to the first class. A check will be sent minus a \$25 processing fee. Once the class begins, I understand I am not entitled to any refund.

Signed: _____ Date: _____