

***Redefining You Therapy* - Co-Parenting Education**

Disclosure Statement and Agreement for Services

Introduction

The purpose of this document is to provide important information regarding Co-Parenting Education at ***Redefining You Therapy***. Please feel free to ask your therapist/facilitator any questions you may have regarding its content.

The Co-Parenting Education Program consists of a 12, or 16 week curriculum.

There are many goals of co-parenting: Co-parenting ensures that both parents keep the pleasure of being a parent. By sharing custody with your ex-partner, and agreeing to guidelines relating to your child's wellbeing, both parents have an opportunity to remain a proactive parent. By agreeing to co-parenting, both you and your partner can spend quality time with the children, while getting the space and time you need to adjust to your new circumstances.

Your therapist/facilitator will periodically provide feedback to you regarding your participation. Your active participation is vital to your successful completion.

Hours of Operation*:

Tuesday: 5 pm - 7 pm
Wednesday: 5 pm - 7 pm
Thursday: 5 pm - 7 pm
Saturday: 9 am - 1 pm

*Alternate hours are available by special arrangement.

Fees

The fee for service is \$50 per co-parenting education session/class which is approximately 45 minutes in length unless otherwise arranged in advance. Please have your payment ready at the beginning of the class as to not take up class time. Fees are payable at the time services are rendered.

Preferred payment for services rendered is **Cash**.

Confidentially

All communication between you and your therapist/facilitator will be held in strict confidence unless you provide written permission to release the information about your co-parenting sessions/classes. If you participate in co-parenting education your therapist/facilitator will not disclose confidential information about you unless all person(s) who participated in co-parenting with you provide their written authorization to release.

Therapist Communications

Your therapist/facilitator may need to communicate with you by telephone, mail or other means. Please indicate your preferences by checking the choices listed below:

- My therapist/facilitator may call me at my home. My home number is: _____
- My therapist/facilitator may call me on my cell phone. My cell phone number is: _____
- My therapist/facilitator may call me at work. My work number is: _____

Please initial any of the above numbers at which it is acceptable to leave a recorded message

- My therapist/facilitator may send mail at my home address
- My therapist/facilitator may send mail to me at my work address.
- My therapist/facilitator may communicate with me by email

My email address is: _____

Cancellation Policy

Life can get in the way of our best intentions. If you cannot keep your scheduled appointment, a call at least 24 hours in advance is required. If you do not notify your therapist/facilitator at least 24 hours in advance, you will be required to pay the full cost of the session/class.

Termination

The length of mandated co-parenting session/classes is outlined in your court-order. If you or your therapist/facilitator determines that you are not benefitting from the sessions/classes to may elect to initiate a discussion of your alternatives. Alternatives include, among other possibilities, referrals or termination.

Your signature indicates that you have read this agreement for services carefully and understand/and agree to its contents and have received an unsigned copy of this agreement.

Please ask your therapist/facilitator to address any questions or concerns that you have about this information before you sign.

Questions

For questions, please contact us for further information at (916) 956-6232.

(Print) Name of Patient: _____

Signature: _____

Date: _____