

Parent's Agreement Regarding Save Haven Counseling

Position Statement

Client(s) Name:

DOB:

1. I understand that our child(ren) is/are to have safe haven counseling. Children and especially adolescents are more comfortable with this approach and privacy can be beneficial in therapy for more successful outcomes.
2. Each parent will have an individual session with this therapist prior to seeing the child(ren). Each parent is welcome to take notes in regard to the treatment plan for his/her child(ren).
3. Each parent may submit in writing information he/she believes this therapist would find useful in the treatment process at the onset of the therapy. Each parent must submit a copy of this background information to the other parent (and the Parenting Coordinator (PC), if assigned). All materials submitted will be charged accordingly in relationship to the financial responsibility form.
4. After this initial information is provided, I understand and agree that neither parent can initiate contact with the child's therapist to discuss substantive issues. Rather the child's therapist can initiate contact if the therapist deems it necessary.
5. If the parent has significant concerns about the child's well-being based on the child's behaviors or comments, that parent should send a letter via mail to the child's therapist for consideration. Those letters need to be copied to the other parent (and the Parenting Coordinator, if assigned). If the child's therapist deems it necessary to seek additional information, the therapist can contact the parent(s).
6. The parents (and PC, if assigned) may be provided general progress of the therapy and general statements of progress. However, if the child is in danger or is a danger to others, the child's therapist will notify both parents and PC. However, before giving sensitive information, this therapist will attempt to work with the child to help him/her deal with the need not reveal this information
7. If either parent is concerned about treatment, that parent should address the concerns with the PC or the Court. The PC shall work with the child's therapist and coordinate information that might be helpful to the parents.
8. Special releases will be obtained so the therapist can coordinate services with the PC. Also, this therapist does not converse or coordinate treatment of any sort with counsel.
9. While parents have the authority to request a child's records, the parents agree that they will not request the records be released directly to them. I understand and agree that neither Mother nor Father will have access to the child's records.
10. As a reminder, this counselor does not communicate via email. Text messages are for appointment scheduling/canceling only. If you do not receive a response via text, you can assume the text message was not received. If an email is received or text is misused, there will be a \$50 charge.

Signed _____

Dated _____

Signed _____

Dated _____