

Kelley A. Baker, PhD, PA
Licensed Professional Counselor
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Co-Parenting Counseling Contract

1. **Client Rights** – You may expect a safe place to talk, to be listened to objectively, to be supported, to be treated with respect, and to be given guidance and direction to facilitate your parenting relationship.

2. **Confidentiality** – All files, including personal information and session notes are confidential.
The exceptions are:
 - a. Dr. Baker may share concerns and /or issues expressed by one parent to the other parent.
Please initial for agreement to the above: _____

 - b. Dr. Baker may provide a letter to the court stating whether or not the family therapy/co-parent counseling is working.
Please initial for agreement to the above: _____

 - c. Dr. Baker may notify the appropriate authorities if she has a reason to believe there is a child or elder person being harmed, if she believes the client will be harmful to themselves or another person(s).
Please initial for agreement to the above: _____

 - d. Dr. Baker may provide testimony in court.
Please initial for agreement to the above: _____

3. **Forms of Payment** - Payment is accepted in the form of cash, personal check or a credit card number will be kept on file.

4. **Client Fees** – Your joint account will begin with a \$3,000.00 retainer. This is usually split between the parties and used for individual meetings, joint meetings, phone calls, written correspondence, and any other type of information that needs to be collected or shared in order to provide services to you. When your account reaches \$500.00, you will be notified via email so that you can begin to prepare for your next deposit of \$1,000.00.

Fees are \$200.00 per hour and pro-rated in 10 minute increments for work that requires less than one hour. Examples of pro-rated services are: emails and professional consultations. That fee is \$34 per ten minute increment.

The fees for co-parent counseling are usually split equally between the parties. The exceptions to this are: (1) one party has an individual session and will be responsible for paying the full fee, (2) one party is causing a disproportionate amount of the conflict and Dr. Baker's time is needed in order to intervene, or (3) the decree specifies otherwise.

Reimbursement of retainer fees left unused will be issued within 30 days of written notice to Dr. Baker. Written notice may require a legal order stating that Dr. Baker's appointment is complete.

4. **Cancellations** – Should you need to cancel your appointment, please call 24 hours in advance. Cancellations of less than 24 hours will be billed as a full session, as will missed appointments without notification. Efforts will be made to reschedule at a mutually convenient time; however, this may not always be possible.
5. **The Process** -Joint sessions between parties will be polite and respectful. There will be no name calling or purposefully hurtful comments made. A client engaging in inappropriate behavior during the sessions will be asked one time to stop. If the same client repeats the behavior a second time, the session will be called to a stop and rescheduled and this client will be responsible for the full payment of the session. If joint sessions are not possible or advisable, individual sessions will be conducted instead.

The goal of co-parenting counseling is to decrease the conflict between parents so that they are able to parent their children more effectively and so that the chances of detrimental effects of parental conflict on children may be reduced. Research has shown that divorce does not have to have negative repercussions for children IF parents manage the divorce in a healthy manner.

To this end, you can expect that Dr. Baker will educate you on the appropriate way to handle issues with the other parent, confront you when you are behaving in unhealthy ways with the other parent or your child(ren), and/or refer you to a counselor or other professional for more intervention.

Co-Parent Counseling will not be effective if BOTH parties are not cooperative and open to learning about themselves, their parenting, and their communication patterns.

6. Clients may only record sessions, phone calls, and/or discussions of any kind with written permission of all parties present, including Dr. Baker. Violation of this policy may result in termination of your services and withdrawal from your case, as well as any legal action allowed to the parties by the civil laws of the state.
7. By signing this form, you are giving informed consent to receive co-parenting counseling from Dr. Baker and agreeing to all of the policies stated here. You are most importantly agreeing that you will be cooperative.

Stand-By Time: Fees will be assessed for hours that require Dr. Baker to be on stand-by. These fees may be up to \$100.00/hour.

Dr. Baker reserves the right to discontinue services if she feels one or both parties are not being cooperative or if she feels that she cannot provide services that will be useful to the parties.

Client's Signature

Date