

Marisa L. Nava, Ph.D.
Licensed Clinical Psychologist

Agreement for Parents who are Separated/Divorced

Family:

Date:

This statement serves to affirm our intent to seek therapeutic support services from Dr. Marisa Nava for our child/children _____ . By signing this document, we signify that we agree to all of the points set forth below. We attach no qualifier or equivocations. We have discussed this in detail with Dr. Nava and understand the ramifications.

1. We intend to create a safe, therapeutic environment for our child/children where he/she/they can discuss his/her/their concerns. Therapy may involve individual therapy, family therapy, and/or parent education.
2. We understand that Dr. Nava is not being hired to provide forensic services and she is not being asked to determine custody.
3. We agree that Dr. Nava's role is limited to providing treatment and we will not involve Dr. Nava in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.). We will not ask that the therapeutic material (e.g., the therapeutic record, progress notes, evaluations, etc.) be used in any legal proceedings, nor will we ask Dr. Nava to testify regarding her work with our child/children should there be legal action between us. We understand that Dr. Nava may need to talk to the Guardian ad Litem on the case (if there is one), but we will request that conversation will not become part of the legal proceedings.
4. We understand that there may be times when we communicate with Dr. Nava individually. We will not ask Dr. Nava to keep secrets from the other parent and we understand that information communicated may not be held confidentially from the other party, as it is part of our child/children's treatment record. This includes email communication.
5. We understand that email will only be used for administrative purposes and to provide a brief summary of a session if one parent was not able to be present. If either parent emails concerns to Dr. Nava, we understand that she will address these concerns during the next session.
6. If we include Dr. Nava on email communication between parents, we understand that she may provide individual feedback to either parent in the effort to improve businesslike communication and minimize conflict.
7. We understand that Dr. Nava's primary concern will be treating the mental health of our child/children. We expect Dr. Nava to be open and honest with us concerning behaviors or actions that we are doing which may negatively affect our children.

Parent

Date

Parent

Date

Dr. Marisa Nava

Date