

**Marisa Nava, Ph.D.**  
**Licensed Clinical Psychologist**  
**Client Registration Form - Co-Parenting/Mediation/Collaborative Law**

**Name of Parent/Guardian** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Ok to leave a message on phone? \_\_\_yes \_\_\_no  
Email: \_\_\_\_\_ Ok to use this email? \_\_\_ yes \_\_\_ no

**Name of Other Parent/Guardian** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Ok to leave a message on phone? \_\_\_yes \_\_\_no  
Email: \_\_\_\_\_ Ok to use this email? \_\_\_ yes \_\_\_ no

Child 1 Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Gender \_\_\_F \_\_\_M

Child 2 Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Gender \_\_\_F \_\_\_M

Child 3 Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Gender \_\_\_F \_\_\_M

Child 4 Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Gender \_\_\_F \_\_\_M

**Payment Information**

**Person Responsible for Payment (or % per parent if shared):** \_\_\_\_\_  
Signature of Person Responsible for Payment: \_\_\_\_\_

**Credit Card Information:** Cash and personal checks are welcomed, but many clients find it convenient and preferable to allow this office to hold on file a credit card to facilitate transactions. Credit cards are processed with Transfirst.

**Please initial if you agree to pay the fee with your card listed below. \_\_\_\_ (initial here) \_\_\_\_ (initial here)**

Name on Card: \_\_\_\_\_ Type: \_\_\_Visa \_\_\_MasterCard \_\_\_Discover \_\_\_AMEX  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Type: \_\_\_Visa \_\_\_MasterCard \_\_\_Discover \_\_\_AMEX  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Reminder Service:** As a courtesy to clients, I offer a reminder service that can give you phone, text, or email reminders to alert you to your appointment.

Parent Name \_\_\_\_\_ Type of Appointment reminder: \_\_\_ Phone call \_\_\_Text \_\_\_Email

Parent Name \_\_\_\_\_ Type of Appointment reminder: \_\_\_ Phone call \_\_\_Text \_\_\_Email

\_\_\_\_ (initial here) \_\_\_\_ (initial here) **Authorization to use reminder service:** My personal information (name and contact information) will be provided to Carepaths so that such reminders can be sent. This agency has HIPPA compliance policies in place.

**Please initial:**

\_\_\_\_ I have had the opportunity to read the Co-parenting Contract and have had the opportunity to ask questions about it. My signature below indicates that I agree to abide by the terms of the contract and that I consent to services with Dr. Nava.

\_\_\_\_ I understand that payment is expected at the time of services and that co-parenting/consultation services are not billable through insurance.

\_\_\_\_ I understand that appointments not cancelled within 24 hours will be charged the full session fee.

\_\_\_\_ I agree not to request our co-parenting records for court purposes that pertain to issues of divorce and/or custody.

\_\_\_\_ I understand that Dr. Nava is a mandated reporter which means if she has reason to believe there is a situation involving abuse or neglect, she is required by law to file a report with the appropriate agency.

\_\_\_\_ I understand that Dr. Nava maintains electronic charts that are stored on a remote cloud.

\_\_\_\_ I understand that although Dr. Nava and I may communicate via email, such communication is not necessarily secure or encrypted.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Marisa Nava, Ph.D.**  
**Licensed Clinical Psychologist**  
**Co-Parenting Agreement**

This statement serves to affirm our intent to seek consultative services from Dr. Marisa Nava to help us work on co-parenting issues regarding our children. By signing this document, we signify that we agree to all of the points set forth below. We attach no qualifiers or equivocations. We have discussed this in detail with Dr. Nava and understand the ramifications.

1. We intend to address parenting issues/concerns for the benefit of our child(ren). This work may involve our working with Dr. Nava individual and/or together.
2. We understand that Dr. Nava is not being hired to provide forensic services, and she is not being asked to determine custody. Dr. Nava will not be asked, nor will she give, any opinion with regard to custody.
3. We understand that Dr. Nava will be interacting with both of us (the parents of our child(ren)) and that her recommendations will be made with the best interest of our child(ren) in mind. Her recommendations may include individual assessment/therapy for either parent/guardian, and/or therapy for our child(ren).
4. We expect Dr. Nava to be open and honest with us concerning behaviors or actions that we are doing which may negatively affect our child/children. We understand that Dr. Nava's primary concern will be for us to be effective at working together to parent our children.
5. We will not ask Dr. Nava to keep "secrets" from the other parent, nor will we ask our children to keep secrets from either of us.
6. We will not tape record sessions/meetings with Dr. Nava without prior agreement from everyone present.
7. We understand that email will only be used for administrative purposes and to provide a brief summary of our co-parenting meetings when needed/appropriate. If either parent emails concerns to Dr. Nava, we understand that she will address these concerns during the next session. We understand that emails to/from Dr. Nava are part of the medical record and are thus available to us both.
8. 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. Dr. Nava may also provide individual feedback on an email prior to it being sent to the other parent.
9. We agree that we will never ask Dr. Nava to comment or discuss our spouse/ex-spouse with our attorney or anyone. We will not ask that the material discussed during sessions be used in any legal proceedings, nor will we ask Dr. Nava to testify regarding her work with our family or to write affidavits. We understand that she may need to speak with the Guardian ad Litem on our case (if there is one) but we will request that conversation will not become part of the legal proceedings.
10. Information will be held confidential from parties outside of the co-parenting session, with the exception of the Child Abuse Reporting Law or threats of physical harm.
11. If one of the goals of co-parenting sessions is to develop a parenting plan, Dr. Nava may provide recommendations regarding parenting time/visitation that in general work for children at a given developmental level and in regard to how well parents are able to work together in the best interest of the child. However, it will be up to the parents, not Dr. Nava, to come to a final agreement for the parenting plan.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist

\_\_\_\_\_  
Date

**Marisa L. Nava, Ph.D.**  
**Licensed Clinical Psychologist**  
**Fee Schedule**

**Co-Parenting, Mediation, & Collaborative Law** (Child Specialist/Divorce Coach):

- **\$175 per 60-minute session** (includes written summary after the session)

\*\*If additional paperwork is required beyond the session, including the writing of parenting plans and/or agreements, I will charge **\$175** per hour, which will be prorated in 15 minute increments.

**Co-Parenting, Collaborative Law, and Mediation Services are NOT billable through insurance.**

**Other Professional Services (including phone conversations):**

- \$140 per hour for other professional services (prorated in 15 minute increments)
- Other services include reviewing records, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, school observations/consultations with your permission, and preparation of records or treatment summaries.

I agree to accept the services of Marisa Nava, Ph.D. and to accept the fees for those services as lawful debt. I promise to pay said fees as outlined above. This includes an agreement to pay costs of collections, attorney fees, and court costs, if necessary. I waive now and forever the right to claim exception under the Constitution and laws of the State of South Carolina or any other state. I also understand that failure to pay these fees may result in release of my name, known phone numbers, and addresses, and other information during the collection process.

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Client Name

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Date

**Marisa L. Nava, Ph.D.**

**Licensed Clinical Psychologist**

**Certified Family Court Mediator**

**Co-Parenting/Consultation Services Agreement**

Welcome to my co-parenting practice. This document and attachments constitute a contract between us and you should read it carefully and raise any questions and concerns that you have before you sign it.

The services to be provided by Dr. Marisa Nava are co-parenting services designed jointly with the client. The fee is \$175 per 60 minute session. If two parties attend the session, Dr. Nava will provide a brief written summary after the session. Professional time spent outside of sessions, including, but not limited to, between-session phone calls or email exchanges and reading or reviewing documents, will be billed on a prorated basis rounded up to the nearest tenth of an hour. Fees are due at the time of service. You are required to give 24 hours' notice if you need to cancel or change the time of an appointment. Otherwise, you will be charged for the session in full. Dr. Nava agrees that every effort will be made to reschedule sessions which are cancelled in a timely manner.

**Co-parenting & Psychotherapy**

In addition to my co-parenting work, I am also a Licensed Clinical Psychologist with training and experience in diagnosing and treating emotional problems. While there are some similarities between co-parenting and psychotherapy, they are very different activities and it is important that you understand the differences between them. Psychotherapy is a health care service and is usually reimbursable through health insurance policies. This is not true for co-parenting. Both co-parenting and psychotherapy utilize knowledge of human behavior, motivation, and behavioral change. The major differences are in the goals and focus of sessions.

The primary focus of co-parenting is to help parents work together as a team, even if they are no longer in a relationship with each other. Co-parenting involves improving communications skills between parents and working through issues with the best interests of the children in mind. As a psychologist, I can offer recommendations based on research and what is developmentally appropriate for children; however, parents make decisions/agreements on their own accord.

The primary focus of psychotherapy is the identification, diagnosis, and treatment of mental disorders. The goals of psychotherapy include alleviating symptoms, understanding the underlying dynamics which create symptoms, changing dysfunctional behaviors which are the result of these disorders, and developing new strategies for successfully coping with the psychological challenges which we all face.

**Confidentiality**

As a licensed Clinical Psychologist, I am ethically and legally bound to protect the confidentiality of our communications. I will only release information about our work to others with your written permission or in response to a court order. There are some situations in which I am legally obligated to breach confidentiality in order to protect you or others from harm. If I have information that indicates that a child or elderly or disabled person is being abused, I must report that to the appropriate state agency. If a client is an imminent risk to him/herself or makes threats of imminent violence against another, I am required to take protective actions. These situations are quite rare in co-parenting. If such a situation occurs in our relationship, I will make every effort to discuss it with you before taking any action.

## **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone, as when I am in the office, I am often with clients. **I am generally in the office Tuesdays, Wednesdays (until 2), and Thursdays, although my hours each day may vary.** I am generally not in the office on Wednesdays or Fridays. When I am unavailable, my telephone is answered by voicemail. ***I will make every effort to return your call within 24-48 hours, with the exception of weekends and holidays.*** If you are difficult to reach, please inform me of some times when you will be available. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I will also provide you with my email address. As you are no doubt aware, it is impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers that are connected to the internet, which do not utilize encryption and other forms of security protection. You can email concerns to me; however, I will address these concerns during the next session and not via email. When both parents attend a session, I will send a brief email summary of the session to both parties. If you cc me on communication between parents, I may also respond individually to one or both parties to provide feedback on ways to more effectively communicate. **Email should never be used in the case of an emergency.**

In case of **emergency** (e.g. your child and/ or a member of your family needs immediate help to maintain his/her safety) you may call the **Mobile Crisis program at (843) 727-2086**, which can respond 24 hours per day. Or, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. You can also call 911 or go to a local hospital emergency room. Please ask the professionals who see you to attempt to contact me so that I may provide a consultation to them for the purposes of your treatment.

**PLEASE INITIAL AND SIGN THE REGISTRATION FORM TO INDICATE THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS**