



Co-Parenting Consent for Services

Court Involvement:

Because you are seeking services in a situation where the Court may be involved, please be aware that these records may be court ordered by the Court or by one of the attorneys involved in the case. Please address any concerns you may have about these issues at any point during your work with me.

Initial:

Date:

Confidentiality:

Because of the nature of this work, there is a possibility that I may be ordered to appear in court. As a result, confidentiality is limited to the degree that this may occur, especially as it pertains to your child(ren) and/or your cooperation in the co-parenting process. By signing this release, you are NOT waiving your rights to confidentiality. This is simply a notification that our discussions and my professional opinion may be ordered by the court (either via report or in person). Please note that records for co-parenting are maintained as one chart and will require each participant's consent before they are released (included in this packet). Also, by signing this you are agreeing to consent to communication between myself and your attorney, as this is often needed during the course of co-parenting for updates, scheduling, etc.

Initial:

Date:

Court Hearings:

I understand that should I or my attorney require Shannon O'Sullivan, LPC to appear in court, a **court order is required, not just a subpoena.** I understand this is to protect my records and confidentiality in accordance with the PA Code of Ethics 49.72 and the National Association of Social Workers.

Initial:

Date:

Case Consultation:

Due to the difficult nature of co-parenting, I may seek consultation with my peers if applicable. Any identifying information will be removed from the case material. If you have any questions about this consultation, please do not hesitate to ask.

Initial:

Date:

The following outlines my fees:

Please be advised that by signing this document you are agreeing to pay for these services in full at the time of the session or prior to services rendered (for court reports/appearances), etc.

- Co-parenting sessions are 60 minutes in length and are billed at a rate of \$200.00 per session.
- E-mail correspondence and phone calls on topics other than arranging appointments are billed at the rate of \$50.00 per 15 minute increments.
- Conversations with the children’s therapist and/or the Guardian ad Litem are not charged. However, any conversations with attorneys are billed at the rate of \$50.00 per 15 minute increments. If the attorney has asked for a block of time for this discussion, you will be billed for that entire time regardless of how long the phone call occurs because I have had to block off this time for the phone contact.
- Preparation for Court, reports and/or letters, attendance at pretrial conferences or dispositions, telephone conferences are all billed at the rate of \$200.00 per hour in 15 minute increments. Any travel time is billed at the same hourly rate.
- Court is charged at a rate of \$200.00 per hour. This fee will also include travel to and from Court, time waiting as well as time in the actual courtroom. A deposit of \$100.00 is required for attendance at court.
- For settlements or continuations in which I have not been given 48 hours notice, I will bill for the time blocked off for Court at the rate of \$200.00 per hour.
- If there is an agreement which designates the percentage split of costs associated with co-parenting sessions, we will follow that agreement. Otherwise, costs will be split 50/50 per party. Any other expenses will be paid by the party initiating the request and/or court order.
- Missed appointments shall be paid for by the party who has not given 24 hour notice. The charge for missing co-parenting sessions is the same as the cost of a full session.

Recording of sessions is forbidden.

At some point you may feel that the recommendations are unfair. You are welcome to discuss these feelings with me. However, it’s important to remember that the focus of these recommendations is based upon what is in the best interest of your child(ren). As a result, this focus may not be in line with what you want or feel is important at times.

Print Name: Date:

Signature: Date:

**fees were updated 10-24-20

This agreement and release of information expires 60 days after completion of services (your completed Co-Parenting Plan/ final session with me). Should you require further information, new releases will need to be signed at that time. However, the fee agreement regarding court fees and related fees is still applicable if I am required for court purposes.

Credit/Debit Card Authorization:

I [redacted] authorize Let's Conquer This, LLC/Shannon O'Sullivan, LPC to charge my credit/debit card indicated below for payment of services accrued on my account. These charges include fees for sessions, cancellations/no-shows, court appearances, court reports, etc if applicable. I understand that I will be provided with regular monthly invoices for any fees I am charged with. However, should these fees not be paid after a period of 60 days, I authorize the below card to be charged in the full amount due.

Account Type: Visa Mastercard Discover American Express

Cardholder Name: [redacted] Account Number: [redacted]

Expiration Date: [redacted] CVV code on back: [redacted]

Billing Address: [redacted] City, State, Zip: [redacted]

Phone Number: [redacted] Email: [redacted]

This payment authorization is for any unpaid balance after a period of 60 days of non-payment. By signing this, I certify that I am an authorized user of this card and I will not dispute any payments made to Let's Conquer This, LLC/Shannon O'Sullivan, LPC provided the transactions correspond with the amount indicated on the invoices I have been sent. I authorize Let's Conquer This, LLC/Shannon O'Sullivan, LPC to charge the above card according to terms listed above. I understand this authorization will remain in effect until I cancel it in writing. I agree to notify Let's Conquer This, LLC/Shannon O'Sullivan, LPC in writing of any changes in the above account or cancellation of authorization at least 30 days prior to any changes or authorization.

Signature agreeing to this page: [redacted] Date: [redacted]

CONTACT INFORMATION

Name:

DOB:

Where may I contact you? (Phone number)

May I leave a message? (Initial) Yes No

Home address:

There are clients that prefer to use email and text messaging for communication.

Please understand that I password protect my phone and computer. However, technology sometimes has limits in protection that I cannot be held liable for. Please use this for appointments only and save the information about your sessions for your sessions.

Text message (initial) Yes No

Email message (initial) Yes No

Preferred Email:

Do you wish to receive a text reminder for appointments? Yes No

Signature(s) **Date:**

*****If you are scheduling appointments through my online scheduler Jituzu, I suggest you share the username and password with each other so you both have access to the account for appointments. Appointment reminders can only go to 1 phone number and 1 email, so I suggest you set up an account with 1 person's phone number and the other person's email so both are receiving appointment reminders.***

Please note: I do not have access to anyone's username and/password, so I cannot provide this information to anyone.