

**Stuart Lord, MA, LMFT (MFC 15429)**

**P.O. Box 6439**

**Albany, CA 94706**

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## **Contract for Co-Parenting Counseling Services**

### **Welcome**

The following information is provided to help you make an informed decision about participating in co-parenting counseling, as well as to answer any questions you may have about office policies and the respective processes. Please feel free to discuss any questions or concerns you may have after reviewing the enclosed information.

### **Licensure**

I am licensed by the State of California as a Marriage Family Therapist. I have been licensed by the state of California since 1980. I have a Masters degree in Psychology.

### **Confidentiality**

All clients are assured of confidentiality. Only a release of information, signed by you, authorizes me to discuss any information with others. There are, however, important exceptions when I am required by law or ethics to reveal information about you without your permission.

1. I am required by law to notify the intended victim and the appropriate law enforcement agencies if I judge that a client has an intention to cause serious bodily harm or death to another individual.
2. I am required by law to report to the appropriate authority any suspected child abuse, neglect, or molestation to protect the child or children involved, which would include downloading, streaming, or otherwise accessing images of any person under the age of 18 engaged in an act of obscene sexual conduct.
3. I am obliged by law to report to the appropriate authority any suspected abuse, neglect, or molestation of an elderly person or dependent adult to protect the elder or dependent involved.
4. If I assess a client to be suicidal, I am required by law to notify the individuals or agencies necessary to prevent self-harm, including, if necessary, initiating involuntary hospitalization.
5. In cases of alleged criminal or civil liability, I may be court ordered to release treatment information and/or records.

6. I may determine it appropriate to discuss some aspects of your/or co-parenting counseling with another qualified professional in order to further the process. If I seek such consultation, I will not reveal your name or any information that would enable my consultant to identify you.
7. Because co-parenting counseling encourages trust between the parents and requires trust between each parent and the counselor, neither parent should provide me with information that I cannot share with the other parent; and I will not withhold any such information from the other parent, except when I believe the health, safety, or welfare of either parent or another person would be placed at risk by such disclosure.
8. I am permitted to release your name if necessary for collections processing. No co-parenting counseling-related information, however, would accompany such disclosure.

### **Client's Rights**

1. You have the right to decide to end co-parenting counseling at any time. If you request, I will provide you with the names of other qualified professionals.
2. You have the right to refuse the use of any co-parenting counseling technique. I will inform you if I intend to use any unusual procedures and will explain any risks involved.
3. You have the right to ask any questions about the procedures used in co-parenting counseling. If you would like, I will explain any unusual methods of practice to you.

### **Emergencies**

You may leave a message for me at (510) 543-8854, and I will return your call as soon as I can. Unless otherwise explicitly agreed in advance, I will not discuss case-related issues with one party unilaterally. I am willing to discuss logistical matters briefly with one party, however, such as appointment times or rescheduling appointments, as long as the other party is aware of the matter. In the event that you are experiencing a life threatening emergency, you should call 911, the 24-hour crisis team at 1-800-479-3339 or 1-800-784-2433, or go to the emergency room of a local hospital.

### **Our Professional Relationship**

Co-parenting counseling with a Marriage and Family Therapist or any other professional has the following purposes: to help parents discuss and have the opportunity to devise appropriate arrangements for their children's care and to avoid, if possible, having an impersonal, external authority (such as a judge) make the decision for them and to communicate and cooperate with each other effectively with regard to their children's health, education, and welfare. Because parents often disclose many deeply felt, personal thoughts and experiences during co-parenting counseling, their relationship with the counselor can become very close and important. Sometimes, one or both parents come to want the relationship to be

come a personal or similar type of relationship. Although these feelings are understandable, it is necessary for you to understand that I can not have a social friendship or engage in any business endeavor with either parent. These boundaries are important for effective, ethical co-parenting counseling.

**Co-Parenting Counseling**

Co-parenting counseling is a joint effort, the results of which cannot be guaranteed. Success depends upon multiple factors including each parent's motivation, the effort devoted by each parent, and external circumstances. Helping you achieve your goals is the purpose of our work together. You can do your part by communicating your thoughts and feelings openly and honestly, even though this may be difficult at times. It is possible you may feel somewhat worse before you feel better or your co-parenting relationship may deteriorate before it improves. It is also possible that, at times, you will feel anxious, depressed, frustrated, angry, or hopeless during or after a session. These feelings are not unusual during the co-parenting counseling processes and, unless they represent a deeper problem, often disappear once parents begin to put their personal feelings about each other aside and focus together on their children's best interests. Both parents' good faith in the processes can help get us through any difficult times. If you are ever concerned that our work together is not helping, please let me know so that we can discuss your concerns.

By signing below, I acknowledge that I have read this form and have had any questions I had answered to my satisfaction. I agree to participate in co-parenting counseling with Stuart Lord, MA, LMFT (MFC 15429).

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Print Name

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Signature

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Date

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Print Name

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Date

Stuart Lord, MA, LMFT

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Signature

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Date