

Philip J Fauerbach, LMHC, RPT/S

**Licensed Mental Health Counselor
Registered Play Therapist/Supervisor
License#: MH3399**

Office Policy For Seeing Children Of Divorced/Separated Parents.

I would like to welcome you to my office and thank you for entrusting your child/children's care to me. In the case that the child/children does not live with both parents it will be necessary to have each parent agree and sign this document.

I give my consent for treatment for my child _____ to be evaluated and treated by Philip J Fauerbach, LMHC for any behavioral or mental health needs. I understand all treatment is for the benefit of my child, and not for the intention of recommendations for custody or identifying primary custodian.

- I understand that payment in full is due at time of service and to be paid by the parent accompanying the child to the session. Parents may work out their own legal arrangements concerning responsibility for payment or reimbursing out side the therapeutic environment.
- Each parent is invited to attend sessions and/or schedule sessions to discuss the progress of their child. Information concerning the child will be shared with both parents. Should a parent contact this therapist via email, please include a copy to the alternate parent to simplify the answer for both parents to receive
- Signed approvals for treatment must be signed prior to treatment being initiated.
- During the initial visit you will be asked to complete some routine forms which will consist of a new client information form, informed consent for treatment, and a release of information.
- Sessions are 45 - 50 minutes long and the fee is \$120.00 per session. This includes individual, couples, and family psychotherapy. Children's play therapy sessions generally last 30 -35 minutes with 10 – 15 minutes to discuss issues with parents including payment and scheduling next appointment. It is expected that sessions begin and end on time, in order that everyone is given the same level of respect for their time.

Parent printed name

Parent Signature

Date