JENNIFER L. MARSHALL, PhD
Clinical Psychologist

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*Dr. Marshall is a consultant to Woodbridge Psychological Associates, PC, not an employee. Dr. Marshall's private practice is based in Herndon. The Woodbridge office is a separate practice entity.

Informed Consent and Service Agreement for Parent Coordination Services

Overview: The primary goal of parent coordination is to provide parents with a forum for resolving child-related disputes outside of the courtroom. The duties of a Parent Coordinator include providing parents with problem solving and conflict management services, monitoring compliance with court orders, and providing parents, attorneys, and the court with recommendations for new or modified parenting time provisions, as necessary. This process differs from both therapy there is no therapist/client privilege, the process is **not confidential**, and insurance companies generally do not offer reimbursement for parent coordination as it is not considered a treatment modality. Parent Coordination services do not fall under HIPAA. In addition, the scope of parent coordination is limited to matters concerning your child/children. It is expected that both parents will maintain a respectful tone during discussions, make good faith efforts toward cooperation, and prioritize the interests of the child over other competing concerns.

Please review and consider the following information. Dr. Marshall will also review at the time of your first appointment. it and you will be asked to sign it after you have expressed your understanding of all content in this document.

When you sign this document, it will represent an agreement between us. I agree to participate in parent coordination through court order or voluntarily through a consent order or attorney agreement, and to have Jennifer L. Marshall, Ph.D. serve as a Parent Coordinator, to help minimize conflict, and manage issues between us.

This process will continue for the duration specified in your court order, consent order, your attorneys or as deemed necessary by the Parent Coordinator.

- The Parent Coordinator will also review pertinent documents, and may interview other designated people as collateral contacts who have relevant information regarding the family or children, as allowed by separately signed release forms. The Parent Coordination process will consist of parental interviews, and office sessions that are together. Individual visits are not routine, but may be requested if indicated.
- The Parent Coordinator may interview the child(ren), either singly or together, as needed.
- The Parent Coordinator may need to testify in court concerning the activities and responses of all parties involved in the parent coordination effort.

- I understand that anything I say or do, and anything the child(ren) say or do, or anything I bring in as information during the parent coordination effort may be disclosed and discussed during the sessions, and in any testimony, if required later. **I also understand that email correspondence, information received through facsimile or any other electronic means and any telephone correspondence will become part of the Parent Coordinator's records.**

- **Parent Coordination is not confidential**. I understand that I may consult with my attorney at any time during this process. At the same, I understand that **Dr. Marshall does not permit recording devices of any nature to be utilized by either party during any parent coordination and meeting nor in any phone calls that either party may have with Dr. Marshall**. Although, not confidential between the parties, Dr. Marshall is expected to safeguard information revealed by either party during any session or phone call. Dr. Marshall cannot safeguard either party's privacy from others external to the process (not including attorneys) should either party record sessions or phone conversations. Should either party have a need to record a session or phone conversation the topic is to be raised in advance and Dr. Marshall will consider if appropriate and specific processes and procedures would then need to be prepared and agreed to in advance.
- I understand that parent coordination services may be stressful, and may result in distressing feelings, behavioral reactions and interpersonal strain, with either the adults and/or child(ren).
- I understand the fee for this service ($350 per 90-minute session) and I understand that payment is due at each session as outlined in the court order. Each party is responsible for half of the fee which $175.00, unless directed otherwise by court order. This fee is for all sessions with the Parent Coordinator and for any sessions the Parent Coordinator may have with our children. A fee of $200 per hour will also be applied for any time spent in phone conference with collateral sources, reviewing relevant documents to include email, attorney phone conferences, etc. These services will be billed in increments of 15 minutes. Should any court appearances be required the fee will be the responsibility of the party issuing a subpoena unless otherwise agreed upon in advance. The rate for court appearances or any out of office meeting to include but not limited to attorney conferences, settlement conferences, depositions etc. is $400.00 per hour. Court appearances and depositions require a minimum payment of $1600.00 (4 hours) to be paid in advance at the time Dr. Marshall is requested to reserve time for such a service and/or upon receipt of a subpoena. **is non- refundable**. Additional fees may be due depending on actual amount of time Dr. Marshall is required to be present. Invoices for all other activities including, but not limited to time spent reviewing documents, time involved with collateral contacts, attorney conferences will be billed each month. Payment is due upon receipt. Refusal to pay for services rendered will result in termination of Parent Coordination Services. Dr. Marshall's office accepts payment through credit/debit card, check, cashier's check, money order or cash. Receipts will be provided at your request.
- A no show fee or late cancelation (less than 24 hours-notice) fee of $350.00 will apply.
- I agree to provide Jennifer L. Marshall, Ph.D. with any requested Release of Information forms in order to permit communication between relevant collateral sources, communication with attorneys, and to obtain necessary records when necessary.

- Dr. Marshall provides clients with her number to be used when urgent matters arise. However, if clients face emergency situations involving immediate domestic abuse, substance abuse and/or overdose, possible injury, suicide and/or homicide, clients are directed to call 911 and/or go to their local emergency room. **Dr. Marshall does not permit clients to send her text messages without her permission in advance and only then in unusual circumstances**
- Dr. Marshall is a mandated reporter. Dr. Marshall will need to notify appropriate parties/agencies and/or law enforcement personnel in the event of:

  IMMINENT DANGER TO SELF OR IDENTIFIED OTHERS.
  ALLEGATIONS AND/OR SUSPICIONS OF CHILD ABUSE OR ELDER ABUSE.

STATEMENT OF INFORMED CONSENT I have read and fully understand the preceding statements and conditions of service. By signing this form, I am agreeing to these terms and authorize Dr. Marshall, for the duration of her appointment as parent coordinator, to communicate with the court and with the attorneys involved in my case.

*Signed _____Date _____

Print Name _____

*Signed _____Date _____

Print Name _____

_____ Date _____

Jennifer L. Marshall, Ph.D.
Clinical Psychologist
Marshall Clinical & Forensic Psychology, LLC

cc: Copy for chart
Copy to each client and/or attorney