

**Viewpoint Psychological Services**  
**1455 South Ft. Thomas Ave.**  
**Ft. Thomas, KY 41075**  
**Phone: 859-442-VIEW**  
**Fax: 859-781-0123**

**Divorced/Soon-to-be Divorced/Separated Parent Policy**

*The professionals and employees of Viewpoint Psychological Services seek to provide a high quality of care to our clients and their families. Divorce can intrude on or complicate the services being provided. The following is our policy:*

1. We need a copy of the custody agreement or order at your child's first appointment.
2. Court-related evaluations require a court order.
3. We require that the parent requesting treatment and/or evaluation through our office notify the other parent (birth or adoptive) that treatment is being sought.
4. We ask that both parents schedule an appointment to provide important information regarding the child and to receive periodic treatment updates. Exceptions may be made on an individual basis with legally-bound reasons being provided (ex. potential for danger, etc.). It is the responsibility of the treatment-seeking party to request consent from the other parent. If we are informed that a parent with decision-making rights does not consent to treatment, we will not continue to provide services.
5. ***Our office does not accept responsibility for seeking payment from the non-treatment seeking parent, regardless of your arrangement.*** The following are the options for payment of services: a) both parents can sign the new client packet in full and divide costs and pay together at the time of service, or b) the treatment seeking parent is responsible for paying for the services and gaining reimbursement from the other party. Either option requires that monies due be paid at each appointment, or in advance.
6. We do *not* agree to keep information provided by one parent from the other parent, if you share joint legal custody. Information important to the well-being of the child will be openly shared and discussed. Step-parents may be asked to participate in evaluation and treatment, where appropriate. This is in addition to the limits of the confidentiality policy provided.

I, \_\_\_\_\_ (parent or legal guardian), have read the divorce policy provided. I understand the policy and agree to its terms and provisions. I provide my consent from the provider(s) to speak to my child(ren)'s other parent and related parties regarding the treatment and/or evaluation provided.

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Signature

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Date