

New Ways for Families

Loretta Maase, M.A., LPC 512-897-8777 fax, 512-584-8106

FILL IN YOUR INFORMATION ONLY

Court cause no			
	Judge ord	ering	County
Marriage date	Date of s	eparation	/ divorce
Date ordered	Next sche	duled hearing date	<u> </u>
MOTHER:		FATHER:	
Name		Name	
Address		Address	
Phone [H][W]		Phone [H]	[W]
Fax Cell		Fax	Cell
Email			
MOTHER'S Attorney:		Father's Attor	ney:
Name		Name_	
Address			
PhoneFax_		- Phone	Fax
Email			
Name	Date	of pirch with	whom primarily residing
Name	Date	Of Birth with	whom primarity restains
CHILD/REN's Attorney/s:	Date		whom primarity restains
		OTHER PARTY:	
CHILD/REN's Attorney/s:		OTHER PARTY: Name_	
CHILD/REN's Attorney/s: Name		OTHER PARTY: Name_ Address	

Is a Protective Order in place: ___ yes ___ no

New Ways Therapy Contract

My role as your New Ways Parent Therapist will be to facilitate an exploratory process enabling you to evaluate your current situation, recognize your strengths, and help you discover what is preventing you from using those strengths to become the co-parent/parent you want to be. This process involves an examination of your current state of affairs. The New Ways process involves *six distinctive working stages, constituting six sessions,* from the initial session to the conclusion and termination of services, each of which contains therapeutic value.

As your New Ways therapist, I will play a supportive role in guiding you through the progression of each stage. You can expect an atmosphere of respect at all times. You should know that I view the counseling relationship as a collaborative effort between the client and counselor. Therapeutic gains do not typically arise spontaneously, nor will your circumstances improve without a genuine effort on your part. As a client, it is within your right to participate in the process of setting goals and planning your therapeutic treatment.

As your counselor, I am legally bound to take action and / or make disclosures any time it is deemed necessary for the protection of life. Disclosure of counseling information will be required in situations in which (1) I determine that you are a danger to yourself or others, (2) I become aware that there is neglect or abuse (whether physical or sexual) involving a child or an aged adult.

<u>Fees are considered part of your therapy</u>: You are responsible for payment of your fee (made payable directly to me) by cash or personal check at the time of service. Current fees are outlined as follows: \$90 for each 50-minute individual session

If you arrive late for your scheduled session, that session will be shortened by the amount of time that you are late. In the event that you are unable to keep a scheduled appointment, you will be required to provide a minimum 24-hour advanced notification. Failure to do so will result in a \$90 cancellation fee that must be paid prior to your next regularly scheduled appointment. You are required to provide credit or debit card information for the purpose of charging fees for missed appointments or cancellations with less than 24-hour notice.

Please provide the appropriate information in the space below and know that your information will be maintained in confidence and used solely for the purpose of charging missed session / cancellation fees.

□ Visa □ Master Card □ I	Disc #	/
Three digit code:	_ Zip Code	
Name on Card	Signature	

I am a Licensed Professional Counselor (LPC), a Nationally Certified Counselor (NCC), and hold a Master of Arts degree in counseling from Webster University, with a specialization in child development, parent education, co-parent therapy, and psychotherapy. I have worked with low-to high conflict co-parents in New Mexico and Texas as a parenting coach since the mid 1990's. Additionally, I have the following specializations/certifications: Certified Trauma Therapist, Certified Dialectical Behavior Therapist, Parenting Facilitator/Coordinator, National Trainer with the Nurturing Parenting Program (train therapists/teachers on Nurturing Program), New Ways for Families Therapist, Credentialed Family Law Mediator, and Collaborative Law Mental Health Professional.

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	Client S	Signatı	ıre			Date	е							
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Date

Date

Client Signature

Loretta Maase, M.A., LPC, NCC