

Loretta Maase, M.A., LPC, NCC

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Parenting Facilitator Policies

- 1. **Client Rights** You may expect a safe place to talk, to be supported, to be treated with respect and listened to objectively. I will provide guidance and direction that will facilitate your parenting relationship.
- 2. **Confidentiality** Due to the nature of this work, confidentiality is not ensured. If you are involved in litigation, you can be assured that the judge will ask for reports on your progress and all attorneys will want information regarding your work with me. In order for me to facilitate conflict resolution between parents, it will be necessary for me to share the concerns of one parent with the other. However, your information will not be shared with anyone other than the Court, legal professionals involved in your case, or the other parent without your express written consent.
- 3. Client Fees My fees are \$100 per hour and are prorated by the quarter hour entered. A \$500 retainer per parent is required to begin your account. Each parent will be asked to participate in an initial individual 80-minute session billed at \$150 ~ in addition to the initial retainer. Payment is due at the time of service. Additional retainer fees are split equally between parties unless otherwise agreed upon (in writing) by the parties or mandated through an order of the court. Retainer funds will be utilized for occasional child sessions when necessary, review of relevant documentation, phone calls, written correspondence (including email), any other form of communication that needs to occur (outside of joint or individual sessions), in order to provide services to you.

After the initial individual sessions for each parent, subsequent sessions are often joint (80-minutes in duration), billed at \$150 (split between the parties) and payment is due at the time of service. Any additional individual sessions are the financial responsibility of the party having the session, billed at \$100 for a 50-minute session. Failure to maintain current fees will result in service delay or termination of services.

Fees for parenting facilitator work are typically split equally between parties. Exceptions to this are: 1) one party has an individual session and will be responsible for paying the full fee; 2) one party is causing a disproportionate amount of conflict which results in an inordinate amount of my time to intervene; or 3) the decree or court order specifies otherwise.

- 4. **Cancellations** Should you need to cancel your appointment, please call at least 24 hours in advance. Cancellations with less than 24 hour notification will be billed as a full session, as will missed appointments, and becharged against your retainer. Efforts will be made to reschedule when possible.
- 5. Joint sessions between parents will be respectful. There will be no name calling or purposefully hurtful comments made. A client engaging in inappropriate behavior during the sessions will be asked one time to cease such behavior. If the same client repeats the behavior a second time, the session will be called to a stop, rescheduled, and this client will be responsible for the full payment of that session. The goal of parent facilitation is to decrease conflict between parents so that they are able to parent their children more effectively and without trauma. A considerable amount of research reveals that the degree of resilience in children following divorce is directly tied to the ability of their parents to cooperate, co-parent peacefully with one another, and shield the children from Conversely, children's inability to adjust and function well is directly proportional to the degree of conflict between their parents. Children do not have to suffer long-term negative repercussions IF parents are able to manage their differences effectively. To this end, you can expect that I will educate you on the appropriate ways to handle issues with your former partner. I will confront you when you are behaving in unhealthy ways with your former partner or your child(ren). I may refer you to a counselor or other professional if I see the need for additional intervention. Parent facilitation will not be effective unless BOTH parties are cooperative and open to learning about themselves, their child(ren)'s needs, their parenting, and their communication patterns. Parent facilitation is not an appropriate process for parents who wish to continue to fight with his/her former partner, or focus on the past or shame and blame the other parent. The appropriate venue for such parents is a Court of Law, where control of what happens no longer belongs to the parents, and instead belongs to a Judge, whose decisions cannot always be predicted.
- 6. By signing this form, you are agreeing to all of the policies stated here. Most importantly, you are agreeing that you will focus on the best interests of your child(ren) in the PRESENT, and make every effort to find common ground. I reserve the right to discontinue services if I feel one or both parties are not being cooperative or if I feel I am not able to provide services that will be useful to both parties, and ultimately to your child(ren).

Client Signature	Date
Client Signature	Date



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PARENTING SERVICES INFORMATION SHEET

FILL IN YOUR INFORMATION ONLY

Court cause no	_ Judge order	ing	County
Marriage date			/ divorce
Date ordered	_ Next schedu	led hearing date_	
MOTHER: Name		FATHER: Name	
Address			
Phone [H][W			[W]
Fax Cell_			Cell
Email		Email	
MOTHER'S Attorney:		Father's Attorne	еу:
Name		Name	
Address			
PhoneFax_		Phone	Fax
Email		Email	
Name	Date C	or birth with v	whom primarily residing
CHILD/REN's Attorney/s:		OTHER PARTY:	
Name			
Address			
PhoneFax_		Phone	Fax
Parental access Relocation:	narriage ance: ment:	ORPost-divord	
Enforcement:			
Is a Protective Order in p	lace: ve	es no	

Send to: Loretta Maase, M.A., P.O. Box 90874 Austin, Texas 78709-0874

AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORDS OR INFORMATION

Loretta Maase, M.A. 512-897-8777; fax 512-584-8106 ParentRise Nurturing Program

www.parentrisenurturingprogram.com; lorettamaase@parentrise.com

I understand that my records are protect written consent unless otherwise produthorization by writing the word "Revecept to the extent that action has been records must come from all member released must be restricted only to inform a minor child of whom they have authorization will automatically expired	ovided for in the regulation voke," my signature, and to the taken in reliance on it. It is of the family age 18 permation regarding the per relegal rights to consent	ons. I also understand that I may the date across this form at any time at also understand that permission to so or over participating in the service son/s who signs the release on behalf for treatment. If not previously	y revoke this after signed, release family es, or information f of her/himself	
I authorize the parenting coach, Lore	etta Maase, M.A.,			
To disclose information to:	AND/OR	To obtain information	To obtain information from:	
All attorneys involved in th	•	ourt records		
My therapist:	name	phone	fax	
My child/ren's therapist:	name	phone	fax	
_	name	phone	fax	
Other (GAL):	name	phone	fax	
Client name [please print]	s	ignature	date	