

Counseling and Diagnostic Center

7315 Dixie Highway
Florence, KY 41042
Phone: 859-282-0119
Fax: 859-282-8018

Divorced/Separated Parent Policy

The professionals and employees of Counseling and Diagnostic Center 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. Please be aware that CDC staff are not generally trained as experts in the area of custody evaluations/testimony. As such, our staff provides psychotherapy services related to issues of separation/divorce, but not legal testimony in contested custody matters.
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 nontreatment 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. However, only legal guardians have access to client information and this information will not be shared without legal consent from both custodial parents. This is in addition to the limits of the confidentiality policy provided.

I, _____ (parent or legal guardian), have read the divorce/separated Parent 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.

Signature

Date