

Email: Heather@artcounselingct.com Phone: 860.754.6234 Website: www.artcounselingct.com

## POLICY FOR SEPARATED or DIVORCED PARENTS

The Clinicians at Art Therapy & Creative Counseling strive to provide the best possible care for the families we serve. In the case of separated or divorced parents, we have the following practices as part of our policy:

- A court order is required for any court-related evaluation requests.
- In the case of joint legal custody, is the responsibility of the treatment-seeking parent to request consent for treatment for the minor Client(s) from the other parent. Art Therapy & Creative Counseling must be notified of the decision.
- If Art Therapy & Creative Counseling is informed that a parent with decision-making rights does not consent to treatment, all therapeutic services will be discontinued.
- It is the responsibility of the treatment-seeking parent to provide the Clinician with the phone number of the other parent at the first session.
- In the case of joint legal custody, Art Therapy & Creative Counseling cannot withhold information provided by one parent from the other parent. If possible, the parents should attend the first session together. Information will be openly shared and discussed to maximize therapeutic outcomes. Individual exceptions include legal or health and safety reasons, such as the potential for danger.
- Art Therapy & Creative Counseling does not accept responsibility for seeking payment from the non-treatment seeking parent, regardless of the arrangement between parents. The treatment-seeking parent must assume responsibility for paying for services and potentially seek reimbursement from the other parent.
- Step-parents may be asked to participate in the evaluation and treatment when appropriate. The treatment-seeking parent will be asked to sign a release to include individuals who share in parenting responsibilities but are not a legal guardian of the minor Client(s).

I have read and understand the policies in this document and agree to its terms and conditions.

Signature of Treatment-Seeking Parent

Date

Names of minor Clients