

Torrey Hills Health

Co-Parent Agreement

I understand that my child is receiving individual therapy from **Angela L. Phillips, M.A., M.F.T.**. My child's therapist is providing treatment with goals that will facilitate my child's adjustment to my marital divorce or separation. I fully and completely understand that my child's therapist is providing treatment and is not acting as an evaluator.

I further understand that my child's therapist is not conducting a custody or visitation evaluation for my child. I agree not to involve my child's therapist in any custody or visitation disputes, as I understand that this would not be in the best interest of my child's treatment with their therapist and that this would be counterproductive to the therapeutic process.

I agree not to involve my child's therapist in court proceedings regarding treatment of my child now or in the future. I understand that if my child's therapist is subpoenaed to court that my child's therapist will charge a full 8 hour session rate at \$150.00 per hour, or \$1200.00 per day payable in advance.

I understand that my child's therapist has more clients than just my child, and that their well being is equally important.

I agree not to ask my child's therapist to share any of my child's confidential records regarding such proceedings. This is for the wellbeing of my child and for their own emotional security.

Child's Name

PRINT Parent's Name

Parent's Signature

Date

PRINT Parent's Name

Parent's Signature

Date

THERAPIST

Date