



Separated/Divorced Parents' Agreement Form

I have brought my child, _____, age _____, to Heather B. Scheffler, PhD, for evaluation and/or treatment. I understand that Dr. Scheffler's patient is my child—not me, any other sibling, or my spouse/ex-spouse. This is true no matter who pays Dr. Scheffler for the evaluation/treatment of my child.

I understand that Dr. Scheffler's primary responsibility is my child's best interest and that Dr. Scheffler may decide to involve me in my child's evaluation/treatment at her sole discretion. I understand that if payment is not received promptly for services rendered by Dr. Scheffler to my child, the services may be suspended or terminated at Dr. Scheffler's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Dr. Scheffler is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that Dr. Scheffler may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her sole discretion. Dr. Scheffler may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child. Dr. Scheffler may charge for any time taken to prepare a response to said parties and may not file such charges to an insurance or third party payer.

I have read the above paragraphs and understand them. By signing below, I agree to the above.

Signature of parent, guardian, or authorized representative

Date

Signature of parent, guardian, or authorized representative

Date

Signature of parent, guardian, or authorized representative

Date

Signature of parent, guardian, or authorized representative

Date

Adapted from a letter drafted for The Center for Ethical Practice, Inc., by Bernadette Landolf, PhD
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