

Divorced Parent Agreement Form (3/2014)

Except in cases of emergency, in order for ECS therapists to work with a child below 16 years of age with divorced parents, the parents must provide ECS with the most recent and legally binding TN Parenting Plan Order. Based on this document, ECS will require one or both parents to review our policies and to give permission for the counseling of their child.

Generally, ECS policy is for the parent(s) to meet with the therapist at least once before seeing the child in order to gather history and to obtain the parents' perspectives on their child and family. However, in cases of emergency including, but not limited to, life threatening issues or child abuse, ECS therapists may meet with the child or parent(s) or both to assess the situation and to make recommendations for the benefit of the child. After this assessment, the normal procedures for clarifying authority and responsibility for payment take effect.

Generally, if one parent is designated as having authority over the decision of non-emergency health care, then that parent will bring the child for counseling and will also be responsible for payment of fees. If both parents are jointly responsible for non-emergency health care decisions, then both parents will review policies, both will give permission for the child to be in counseling, and usually, both will be responsible for the counseling fees.

Because there are complicating factors for some families, clarification of who is responsible for non-emergency health care decisions and who will be responsible for payment is needed. Any parent who is responsible for the decision or for any portion of the payment must in addition to signing this form, read, agree to, and sign the ECS policies forms before the child can be seen at ECS.

Authority (Check One): \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint

(Based on the parenting plan)

(16 & 17 Year Olds may have adult rights superseding parenting plan authority. TCA: 33-8-202)

Responsibility for Payment (Indicate Percentages): \_\_\_\_\_ % Mother

\_\_\_\_\_ % Father

I am aware that my child \_\_\_\_\_ dob \_\_\_\_\_ is receiving therapeutic services at Ebenezer Counseling Services. I agree to pay the above percentage of counseling fees for my child at the time of service.

Mother's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_