

Becky Z. Moorefield, LCSW

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Separated/Divorced Parents' Agreement Form

I have brought my child _____, age _____, to Becky Moorefield, LCSW, for evaluation and/or treatment. I understand that my child/grandchild is Becky's client-- not me, any other sibling, or my spouse, or ex partner, etc. This is true no matter who pays Becky for the evaluation/treatment of my child. I have the legal right to seek treatment/evaluation for the above named child.

I understand that Becky's primary responsibility is my child's best interest and that Becky 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 Becky to my child, the services may be suspended or terminated at Becky's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Becky Moorefield 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 Becky 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, and that fees will be per Informed Consent agreement. Becky 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.

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

Signature _____ Date _____

Printed name: _____

Signature _____ Date _____

Printed name: _____