

Lepage Associates

Solution-Based Psychological & Psychiatric Services

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Durham, NC 27713

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LEPAGE ASSOCIATES DIVORCE &/OR CHILD CONSULTANT SERVICE & FEE AGREEMENT

Information Concerning the Practice, Financial Arrangements, and Confidentiality

Thank you for the opportunity to offer our professional help to you. We have prepared this form to describe our professional services and office procedures. Please ask questions if you need clarification.

Divorce Consult Services: We provide consultation to people going through separation and divorce, and to parents on child issues. This may include: an informational process consult to determine what type of divorce process might work best for you; communication skill building to prep for meetings; preparation and assistance through the process; collaborative divorce interdisciplinary team child specialist; child specialist consultation; and/or coaching for cooperative co-parenting. ***In addition, we provide divorce mediation, parenting plan consults, and custody evaluations, but please note there are separate forms for those.*** (We also provide: therapy services to adults, adolescents, children, groups, couples and families; child and adult psychiatry; and psychological, educational, and forensic evaluations to children, adolescents, and adults. We do not provide emergency services.) Your service provider is an Independent Contractor, solely responsible for his/her clinical and non-clinical work, regardless of whether he or she has discussed it with anyone else. **We are not attorneys and have no legal training. Nothing in any of our consultation services, to include in our divorce mediation services and/or any written materials created by us at any time, constitutes legal advice or legal information; nothing in our consultation, whether written or verbal, constitutes legal advice/ information. Our consultation services should in no way be construed as legal services, and we are at no time engaging in the practice of law.**

Agreement Not To Subpoena to Be Deposed or Testify: It is important for parents to be able to utilize this forum to openly discuss parenting plan/custody arrangements, co-parenting, and concerns about their children or the other parent. To ensure this feels like a safe place for both parents to be open and honest, you must agree not to subpoena your service provider under any circumstances to discuss any part of these meetings. Realize your consultant is a neutral who cannot testify for or against either or you. Should you hire an evaluator (i.e., psychological, custody, parental evaluations, etc.) we can be contacted by that evaluator as a collateral contact to provide information if you both sign a release of information or if the court orders discretion to the evaluator to contact any collaterals they deem necessary.

Payment & Insurance: Health insurance may or may not cover the cost of these divorce services; they will likely reimburse some portion if you meet criteria for a DSM-IV diagnosis and have out-of-network benefits. Our relationship is with you and not your insurance company. All charges are your responsibility. However, if you wish, we will be happy to assist you in understanding your insurance benefits by contacting your insurer, so that you will be clear about what portion of our services may be reimbursed to you by your insurance company. We will also be happy to help you process your insurance claims for reimbursement by providing you with a receipt of services rendered, which contains all of the information needed for an insurance company to process a claim, and by helping you fill out your claim forms. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your provider. **All charges are your responsibility from the date services are rendered, and payment for services is due in full on the date services are rendered. Payment in full will be collected at the beginning of each session.** Payment in full is due up front; the consult or evaluation will not begin until payment in full is received; likewise, depositions or testimony will not be provided unless payment in full is received in advance. Also, written material such as reports will not be provided/released until payment in full is received. We do not offer refunds if you are unhappy with the consult, any written summary, clinical suggestions or recommendations, settlement conference, deposition or testimony; **we do not offer refunds for any reason.**

Schedule of Fees: We keep our fees very reasonable when compared to usual rates in this specialty area.

(1) Consultation: \$200.00 per hour. (2) Parent Coordinator direct and collateral services: \$200.00 per hour. Refer to descriptions under #3 for information on collateral services. (3) Collateral services to consultation, including letters, email (reading or responding), telephone consultation (with yourself or others), are billed at \$200.00 per hour. Meetings attended in your behalf are also billed at \$200.00 per hour, including travel time. We are happy to be available to you when possible between in-person sessions, but please note that telephone and email consult time will be billed at the following session, and is due in full at that time. Also note that we try to be available as much as possible via telephone, but due to work with other clients there may be some lag time in our ability to converse with you between sessions, and we are not always available evenings and weekends. Also, due to security issues, we will only respond to you via email regarding appointments; we will not discuss your case via email. **Please note that a “consult hour” includes 45-50 minutes in session with the last 10-15 minutes left for your psychologist to complete a session note.** (4) Depositions and/or testimony as fact witness or expert witness \$350.00 per hour time spent preparing for and giving deposition, port to port. (Does not apply in collaborative divorce child specialist role as all participants contract not to participate in litigation.) (5) Late Fees & Returned Checks: For consults, if you do not pay in full on the date services are rendered, 10% of the original charge will be added *each week* you are late, and for evaluations 10% of the total original charge will be charged one time. Regarding returned check fees, you owe any fees the bank charges us for the bounced check, any fees for time we must spend talking with the bank or yourself to rectify the situation (billed at \$120/hour), plus any late fees that apply. Regarding delinquent accounts, you are responsible for in full and will be charged for in full any and all time we spend trying to collect on the account (billed at \$120/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt.

Cancellations and Rescheduling: **The full fee is charged for appointments missed and for appointments cancelled less than 48 hours in advance.** However, no charge will be made if (1) you are ill, (2) you have an emergency, (3) driving conditions are hazardous due to inclement weather, or (4) we are able to reschedule you for an alternative time within the same week.

Confidentiality: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. Generally, we will not disclose information regarding a client unless authorized to do so by the client in writing. **One exception is if we employ outside services to collect past due accounts; by signing below you give permission for such disclosure if necessary.** There are also legal exceptions to this rule of confidentiality; these are described in the attached Notice of Privacy Practices. **Please note that we do discuss cases internally at Lepage Associates in peer supervision, and by signing you give permission for these discussions.** In addition, **there may be numerous limitations to confidentiality in the divorce consult process.** Most notably, when you give us permission to discuss our consult with your attorney(s) or other professionals, information may be subject to re-disclosure by the recipient. It may be disclosed to the Court or the opposing side’s attorney during the course of legal action related to the separation and divorce. Once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

Contacting Your Psychologist: We cannot answer the telephone when we are with a client. When we are unavailable, our telephone is answered by a receptionist or voicemail. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email and fax are not secure forms of communication and confidentiality cannot be guaranteed.** We will not initiate email contact with you, but we will respond should you choose to email us regarding non-clinical issues such as appointment scheduling.

In Case Of An Emergency: As noted above, **we do not provide emergency services**, and thus you should exercise one of the following options in an emergency: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier’s emergency procedures.

PLEASE BE SURE TO SIGN THIS PAGE 3 AND FILL IN ALL INFORMATION ON PAGES 3-5.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

In particular, please note the following important statements:

- Your service provider is an Independent Contractor, solely responsible for his/her clinical and non-clinical work.
- You agree not to subpoena your service provider under any circumstances.
- Payment in full is due at the time services are rendered; if late, late fees are charged.
- The full fee is charged for missed or cancelled sessions, unless you cancel 48 hours in advance.
- We do not offer refunds if you are unhappy with the consult; we do not offer refunds under any circumstances.
- We do discuss cases internally at Lepage Associates, and you give permission for these discussions.
- There are numerous limitations to confidentiality in divorce consultation; I have read and understand these.
- We are not attorneys and have no legal training; nothing in our consultation, whether written or verbal, constitutes legal advice/information. Our consultation services should in no way be construed as legal services, and we are at no time engaging in the practice of law.

Please sign and date below to indicate you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. **I have read and understand the Lepage Associates Service and Fee Agreement. I agree to the statements herein and the terms of payment, to include payment of fees listed for fact or expert witness testimony.**

_____ / ____ / ____
 (Signature) (Printed Name) (Date Signed)

Referral Source: Please indicate how you heard of Lepage Associates by placing a check in the box.

Friend Professional Referral or Colleague (**Please write name and workplace of the person.**)

Lepage Associates Website (**How did you find/link to us? Please circle below or explain in Other.**)

PsychotherapyResources.com PsychologyToday.com Find-A-Therapist.com AnxietyClinics.com

StayHappilyMarried.com TherapyTribe.com Yellow Pages Online News & Observer Online

Person gave you our info (**Who?**): _____

Internet Search (**What wording did you search?**) _____

 Flier or Brochure (Where did you find this?) _____

Newspaper (Please circle) Carolina Parent Chapel Hill News Lawyer's Weekly Other

Other (Please explain) _____

FOR OFFICE USE ONLY – INTAKE FORM REVIEWED BY: _____

Reason for Consult: Please briefly describe. _____

Contact Information: Please fill in the following information.

Print Name Legibly

Social Security Number

Mailing Address (Street or P.O. Box)

Date of Birth

City, State and Zip Code

Home Telephone Number

Email Address

Cell Telephone Number

Place of Employment

Work Telephone Number

If legal proceedings have begun, are you the (please circle):

Plaintiff Defendant

If children are involved, your relationship to the child(ren): _____

Payment of Services by Debit Card or Credit Card:

For your convenience we accept payment via debit or credit card; you must bring your card to each appointment for us to swipe. **We require you keep a card on file to cover any unpaid balances** (unpaid balances are rare; an example might be if you had taken your wallet out of your purse and didn't have your credit card or checkbook with you to pay). This also ensures you will never have to pay late fees, as if you owe a balance we will charge it before late fees would be assessed. Please complete the following information. **BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 2 SECTION "SCHEDULE OF FEES," ANY TIME YOU OWE A BALANCE.**

We accept:   

CREDIT CARD NUMBER _____

CVV NUMBER _____ EXPIRATION DATE _____

NAME AS SHOWN ON CARD _____

CARD BILLING ADDRESS _____

CARDHOLDER SIGNATURE

DATE

Information Regarding Children: If related to the consult topic, please fill in the name, ages, and grades of any children.

	Name	Age	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Attorney Information: If representation has been sought, please fill in the following information for attorneys for both parties.

ATTORNEY FOR THE MOTHER:

Name of Attorney_____
Attorney's Direct Telephone Number_____
Name of Firm_____
Main Telephone Number of Firm_____
Attorney's Mailing Address_____
Attorney's Fax Number_____
Office City, State and Zip Code_____
Attorney's Email Address

ATTORNEY FOR THE FATHER:

Name of Attorney_____
Attorney's Direct Telephone Number_____
Name of Firm_____
Main Telephone Number of Firm_____
Attorney's Mailing Address_____
Attorney's Fax Number_____
Office City, State and Zip Code_____
Attorney's Email Address

LEPAGE ASSOCIATES NEWSLETTER:

We provide a newsletter to our clients and others; our newsletter is designed to keep the community abreast of new information in the field and in touch with our services. For example, a typical newsletter might include articles on topics in health, lists of our groups and seminars being offered, and helpful links to other sites with resources. It is sent out every 2-3 months as a useful resource for our clients and other professionals. Your email address is completely confidential, and hidden when the newsletter is sent. We *never* provide your email address to anyone else, and you can easily Unsubscribe at any time from the newsletter. We have gotten very positive feedback on the newsletter and hope you will enjoy receiving it. If you DO NOT wish to receive the newsletter, please check here: []