



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

PARENTING COORDINATOR PARTICIPATION AGREEMENT

Randy Heller, PhD, agrees that she will act as a Parenting Coordinator (PC) and will not align with either client or any lawyer in this matter.

The PC is a neutral third party and is not the lawyer or the therapist to either of you.

Working as a Parenting Coordinator, the PC's objective is to facilitate respectful communication and problem-solving between the parents. The PC may also facilitate the development, monitoring, implementation, and/or modification of a parenting plan. If an agreement cannot be reached, the PC will make recommendations to the parents and their counsel, if necessary, on the changes to the parenting plan or schedule that are recommended.

The PC will work with both parents, and when necessary the child(ren) to observe their interaction patterns. The PC may meet with the parents or the child(ren) jointly or separately. _____

Fees

The Clients agree to pay the PC an hourly fee of \$250.00, as well as an hourly fee of \$ 250.00 for cross-professional consultations, conferences, phone conversations, e-mail communications and other services rendered by the PC. Prior to the beginning of this process, determination will be made as to how payment will be made and by whom, and if a retainer will be obtained. The retainer amount for this case will be TBD. _____

Communication

The PC will maintain communication amongst the parents by serving, if necessary, as a conduit for information. The PC is NOT the ally of either parent and is NOT a neutral mediator. The PC's role is active and specifically focused on helping the parents work together for the benefit of their child(ren). The PC's fundamental aim



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

is to minimize the conflict to which the child(ren) are exposed by continuing hostilities between parents.

The PC will help you to resolve issues in a way that helps to promote the best interest of your child(ren) and minimize parental conflict.

If you attempt to contact me in between meetings, please do not expect an immediate response via phone, text or e-mail. Text messaging is highly discouraged. Be aware that cell phone, text or e-mail is not a guaranteed secure method of communication and your confidentiality could be compromised. If you utilize these methods of communication you are agreeing to potentially waive your confidentiality. Also be aware that you will be billed for communications out of sessions.

Evaluation and Testimony

The PC is NOT a parenting evaluator. The PC will not be called as a witness in any court proceedings. _____

Confidentiality

The PC works outside of the confidential framework of solicitor-client privilege and therapist-patient confidentiality and will meet with you without your lawyers present. None of the discussions you have jointly with the PC are privileged and confidential. _____

There are **Exceptions to Confidentiality** mandated or implied by Florida Law. Under the following circumstances, the MHP will breach confidentiality:

1. When there is cause to suspect a child or elderly or disabled individual has been or may be abused or neglected;
2. When there is reasonable cause to believe that you pose a risk of imminent harm to yourself;



The Family Network

Collaborative Counseling Center

Randy Heller, PhD, LMFT, LMHC

3. When there is reasonable cause to believe you pose a risk of imminent harm to another individual;
4. When the MPH is compelled to testify pursuant to a valid court order (In this latter circumstance, the MHP will assert that communication is privileged and will only testify after you have had opportunity to obtain a court order protecting the confidential information).
5. **Domestic violence or (high conflict of any kind) within ANY range of minor children is now considered child abuse and a mandatory reportable offense.**

Record Keeping

PCs keep records of their professional activities consistent with their professional codes of ethics and relevant law. Generally, such records include but are not limited to: **documents regarding their engagement including fee agreements, dates of service, participants served, significant actions taken, and payment records.** _____

Withdrawal Provision

If the PC has good reason to withdraw during the process (i.e., conflict of interest, bias, etc.) the PC shall give 30 days' notice in writing and provide reason(s) for doing so. _____

Disclosure

The PC will inform the Clients of any prior or current professional, financial or social relationships that she has had with any participant in this process. _____



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

CLIENT INFORMATION FORM

Today's Date: _____ Name: _____

Age: _____ Date of Birth: _____ Referred by: _____

Home Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ ok to call do not call ok to leave message

Work Phone: _____ ok to call do not call ok to leave message

Cell Phone: _____ ok to call do not call ok to leave message

E Mail Address: _____ ok to use do not use ok to send message

Occupation: _____

Place of Employment: _____

Work Address: _____ City: _____ State _____ Zip _____

Current marital status: Married: _____ Divorced: _____ Single: _____ Separated: _____

3325 South University Drive, Suite 202 | Davie, FL 33328
P. 954.236.4490 | F. 954.756.7286



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

What year did you get married? _____

What year did you separate? _____

What year did you get divorced? _____

If you are separated or divorced, who initiated the process: ___Husband? ___ Wife? ___

Mutual decision? Please explain:

If you were never married, please

explain _____

Name & age of child(ren) including date of birth:

(List in chronological order with oldest child first)

Name: _____ Age: _____ DOB: _____

What brings you in for consultation? _____

How long has this situation been present?

Have you consulted with other professionals regarding this matter? _____

3525 South University Drive, Suite 202 | Davie, FL 33328

P. 954.236.4490 | F. 954.756.7286



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

What was the outcome? _____

Is there any history of domestic violence in your relationship? _____

How do you and your spouse/former spouse share parenting responsibilities? _____

How would you describe your co-parenting relationship with your partner/spouse/former spouse? _____

Is there any history of domestic violence in your relationship? _____

Who lives in your home? _____

Who is in your support system? _____

Who is in your child(ren's) support system? _____

Are extended family members involved with your child(ren)? _____

Please explain _____

What is your time-sharing arrangement? _____

Do you have a parenting plan in place? _____



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

Has this arrangement changed over time? If yes, please explain _____

Please discuss any concerns that you have about the current plan _____

Please discuss any changes you would like to see result from this process _____

Are you attending therapy? _____ If so, therapist's name _____

Telephone number _____ Address _____

Are you taking medication? If so, what and prescribed by whom? _____

Have you ever had any suicidal/homicidal thoughts? _____ If yes, please
explain _____

How will you know when/if this process has been useful for you? What do you hope will be
accomplished?



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

PARENTING COORDINATOR'S - PARTICIPATION AGREEMENT

Signature Page

I agree with the terms of this agreement. I also agree to supply the PC with all information, documents, and records requested by the PC that are relevant to this case and to sign release forms authorizing the PC to contact and obtain information from third parties, including your lawyers, school personnel and therapists (as deemed appropriate).

Dated: _____

Parenting Coordinator

Client Name

3325 South University Drive, Suite 202 | Davie, FL 33328
P. 954.236.4490 | F. 954.756.7286



The Family Network
Collaborative Counseling Center
Randy Heller, PhD, LMFT, LMHC

Client Signature

3325 South University Drive, Suite 202 | Davie, FL 33328
P. 954.236.4490 | F. 954.756.7286