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Child Specialist Agreement

We, _____ and _____ the undersigned have entered into an agreement with Meg Sussman, Ph.D. to serve as a child specialist as a part of our collaborative divorce for a period of ____ months with an agreement that this term can be renewed upon by Dr. Sussman and us. This agreement will serve as a binding contract.

We have entered into a collaborative divorce process, the goal of which is to help us work successfully to achieve a positive resolution that minimizes the negative social, economic and emotional consequences that families often experience in a traditional adversarial process.

Dr. Sussman will work with us as a child specialist to:

- Identify and prioritize the needs of our children.
- Give voice to the children's thoughts and wishes in the Collaborative process.
- Help us talk to our children about our divorce and expectations for the future.
- Provide recommendations to the team regarding the co-parenting plan and other issues that concern the children.

CONFIDENTIALITY

Anything we speak about is confidential. I am ethically and legally bound not to disclose any communication you share with me, unless you give me written permission to do so.

The only exceptions to this are the following:

1. If I suspect that there may be a child under 18 who is being abused or neglected I must report this to Child Protective Services.
2. If, in my judgment you are deemed to be an acute danger to your self or others, I may need to break confidentiality so as to assure your safety or the safety of others. ^[1]_[SEP]
3. If I am court ordered to disclose information. ^[1]_[SEP]

We agree to sign a confidentiality waiver for Dr. Sussman to speak with the other members of the collaborative team. The purpose of this is so that team members can communicate freely with one another to facilitate a collaborative team approach. Additionally, Dr. Sussman may request our permission to speak to others such as therapists, physicians, and school personnel who know our children.

Information gathered during the collaborative divorce including any written or oral communications shall remain confidential and may not be used in any court proceedings or released to other parties. Any audio or videotaping of interactions with the other parent, the children, and myself is not permitted and will be considered a violation of this agreement, and may result in termination of the process.

FEES

All time I spend, including but not limited to: individual meetings, team meetings, review of materials, collateral conversations, telephone conversations and written communication shall be paid at a rate of _____ per hour. A retainer of _____ will be paid upon signing of this agreement. This retainer will be held throughout the collaborative process and will apply to any final services rendered. Any unused portion of the retainer will be refunded within ten working days of the termination of the collaborative process or if my services are no longer needed.

While Dr. Sussman is a psychologist, we understand that she is not working as a psychotherapist and therefore any meetings with her are not reimbursable from insurance.

CANCELLATIONS

Twenty-four hours notice is required for cancellations. Because appointment times are reserved exclusively for you, you will be charged the full fee for a late cancellation or missed appointment.

ELECTION TO TERMINATE

If either of us elects to terminate the process we agree to inform the other person and other team members of this decision.

Dr. Sussman may also reserve the right to withdraw from the case.

WE HAVE READ THE ABOVE STATEMENT IN ITS ENTIRETY AND UNDERSTAND THE CONTENT AND AGREE TO ITS TERMS.

Signature_____

Mother_____

Date_____

Signature_____

Father_____

Date_____