

## Loretta Maase, M.A., LPC, NCC

2499 S. Capital of Tx Hwy., Bulding B, Suite 201 Austin, TX 78746 (p) 512-897-8777 (f) 512

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### Parenting Coordinator Policies

1. **Client Rights** – You may expect a safe place to talk, to be supported, to be treated with respect and listened to objectively. I will provide guidance and direction that will facilitate your parenting relationship.
2. **Confidentiality** – Parenting Coordination is a form of alternative dispute resolution; thus, all records are maintained in confidence. In this role, I will not be testifying in your case. In fact, the only report I am able to make to the court is whether the parenting coordination process should or should not continue. Communications may occur outside of PC sessions, although any disclosure is prohibited under mediated guidelines, unless authorized by you. It is important to understand that in order for me to facilitate conflict resolution between parents, it will be necessary for me to share the concerns of one parent with the other. Your information will not be shared with anyone outside the legal professionals involved in your case (or the other parent) without your express written consent.
3. **Client Fees** – My fees are \$90 per hour and are prorated by the quarter hour entered. A \$500 retainer per parent is required to begin your account. Each parent will be asked to participate in an *initial individual 80-minute session* billed at \$135. Payment is due at the time of service. Retainer fees are split equally between parents unless otherwise agreed upon (in writing) by the parties or mandated through an order of the court. Retainer fees will be utilized for review of relevant documentation, phone calls, written correspondence (including email), and any other form of communication that needs to occur (outside of subsequent joint or individual sessions) in order to provide services to you. After initial individual sessions for each parent, subsequent sessions are typically joint (80-minutes in duration), billed at \$135 (split between the parties) and payment is due at the time of service. Any additional individual sessions are the financial responsibility of the party having the session, billed at \$90 for a 50-minute session. Failure to maintain current fees will result in service delay or termination of services.  
  
Fees for parenting coordinator work are typically split equally between parties. Exceptions to this are: 1) one party has an individual session and will be responsible for paying the full fee; 2) one party is causing a disproportionate amount of conflict which results in an inordinate amount of my time to intervene; or 3) the decree or court order specifies otherwise.
4. **Cancellations** – Should you need to cancel your appointment, please call at least 24 hours in advance. Cancellations with less than 24 hour notification will be billed as a full session, as will missed appointments, and will be deducted from your retainer. Efforts will be made to reschedule at a mutually convenient time; however, this may not always be possible.

5. Joint sessions between parents will be respectful. There will be no name calling or purposefully hurtful comments made. A client engaging in inappropriate behavior during the sessions will be asked one time to cease such behavior. If the same client repeats the behavior a second time, the session will be called to a stop, rescheduled, and this client will be responsible for the full payment of that session. The goal of parenting coordination is to decrease conflict between parents so that they are able to parent their children more effectively and *without trauma*. A considerable amount of research reveals that the degree of resilience in children following divorce is directly tied to the ability of their parents to cooperate, co-parent peacefully with one another, and shield the children from conflict. Conversely, children's inability to adjust and function well is directly proportional to the degree of conflict between their parents. Children do not have to suffer long-term negative repercussions ***IF parents are able to manage their differences effectively***. To this end, you can expect that I will educate you on the appropriate ways to handle issues with your former partner. I will confront you when you are behaving in unhealthy ways with your former partner or your child(ren). I may refer you to a counselor or other professional if I see the need for additional intervention. Parent coordination will not be effective unless BOTH parties are cooperative and open to learning about themselves, their child(ren)'s needs, their parenting, and their communication patterns. Parent coordination is not an appropriate process for parents who wish to continue to fight with her/his former partner, or focus on the past, or shame and blame the other parent. The appropriate venue for such parents is a Court of Law, where control of what happens no longer belongs to the parents, and instead belongs to a Judge, whose decisions cannot always be predicted.
6. By signing this form, you are agreeing to all of the policies stated here. Most importantly, you are agreeing that you will focus on the best interests of your child(ren) in the PRESENT, and make every effort to find common ground. I reserve the right to discontinue services if I feel one or both parties are not being cooperative or if I feel I am not able to provide services that will be useful to both parties, and ultimately to your child(ren).

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Client Signature

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Date

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Client Signature

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Date



Loretta Maase, M.A. LPC, NCC

PARENTING SERVICES INFORMATION SHEET

FILL IN YOUR INFORMATION ONLY

Court cause no \_\_\_\_\_ Judge ordering \_\_\_\_\_ County \_\_\_\_\_
Marriage date \_\_\_\_\_ Date of separation \_\_\_\_\_ / divorce \_\_\_\_\_
Date ordered \_\_\_\_\_ Next scheduled hearing date \_\_\_\_\_

MOTHER:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone [H] \_\_\_\_\_ [W] \_\_\_\_\_
Fax \_\_\_\_\_ Cell \_\_\_\_\_
Email \_\_\_\_\_

FATHER:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone [H] \_\_\_\_\_ [W] \_\_\_\_\_
Fax \_\_\_\_\_ Cell \_\_\_\_\_
Email \_\_\_\_\_

MOTHER'S Attorney:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Email \_\_\_\_\_

Father's Attorney:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Email \_\_\_\_\_

CHILD/REN:
Name \_\_\_\_\_ Date of birth \_\_\_\_\_ With whom primarily residing \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

CHILD/REN's Attorney/s:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_

OTHER PARTY:
Name \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_

LEGAL DECISIONS PENDING: \_\_\_ Pre-divorce OR \_\_\_ Post-divorce OR \_\_\_ Never married
Dissolution of marriage \_\_\_\_\_
Spousal maintenance: \_\_\_\_\_
Property settlement: \_\_\_\_\_
Child support: \_\_\_\_\_
Conservatorship: \_\_\_\_\_
Parent to establish primary residence: \_\_\_\_\_
Parental access: \_\_\_\_\_
Relocation: \_\_\_\_\_
Modification: \_\_\_\_\_
Enforcement: \_\_\_\_\_

Is a Protective Order in place: \_\_\_ yes \_\_\_ no

Send to: Loretta Maase, M.A., P.O. Box 90874 Austin, Texas 78709-0874

**AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORDS OR INFORMATION**

Loretta Maase, M.A.  
512-897-8777; fax 512-584-8106  
ParentRise Nurturing Program  
[www.parentrisenurturingprogram.com](http://www.parentrisenurturingprogram.com); [lorettamaase@parentrise.com](mailto:lorettamaase@parentrise.com)

I understand that my records are protected under federal and state regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this authorization by writing the word "Revoke," my signature, and the date across this form at any time after signed, except to the extent that action has been taken in reliance on it. I also understand that permission to release family records must come from all members of the family age 18 or over participating in the services, or information released must be restricted only to information regarding the person/s who signs the release on behalf of her/himself or a minor child of whom they have legal rights to consent for treatment. If not previously revoked, this authorization will automatically expire one year following completion of services with this provider.

I authorize the parenting coach, **Loretta Maase, M.A.,**

To disclose information to:

**AND/OR**

To obtain information from:

All attorneys involved in this case, as identified by court records

My attorney: _____	name	phone	fax
My therapist: _____	name	phone	fax
My child/ren’s therapist: _____	name	phone	fax
Other (GAL): _____	name	phone	fax

Client name [please print]

signature

date