Katie McBride, Ph.D.

Licensed Psychologist

6000 Brownsboro Park Blvd. Ste. G Louisville, KY 40207

km@katiemcbridephd.com

Phone (502) 523-8871

###  CO-PARENTING INFORMATION FORMCP/D

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name(s) and ages of child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Parent A***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City, State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Primary/Mobile # Email address**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Parent B:***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City, State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Primary/Mobile # Email address**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Court ordered?\_\_\_\_\_\_\_\_\_\_\_**

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# Consent for Co-Parenting or Divorce Consultation Services

I hereby give consent for receipt of services for myself from Katrina A. McBride, Ph.D. I understand that Dr. McBride will be helping me work toward agreements for a parenting plan with the co-parent of my child(ren). I understand that outcomes may vary, and that I will be involved in the ongoing formation of goals for myself, my divorcing/ divorced partner, and my child(ren). The timeframe and number of sessions is determined largely by these goals, **and the capacity of each co-parent for following agreements made.**

I understand that this process is not psychotherapy, and that Dr. McBride may recommend and refer me for therapy if she believes it would be beneficial to this process.

**I understand that the goal of these meetings is for my co-parent and I to maintain as much control as possible over the parenting schedule and agreements to be set. I understand that Dr. McBride may offer opinions and make recommendations to us, but that ultimately the agreements will be about what my co-parent and I believe will work best for our child(ren) and our respective families.**

I understand that the parenting plan/agreement that is created with my

co-parent may be submitted to my attorney and my co-parent’s attorney for approval and then be entered into the court record as legally binding.

I understand that Dr. McBride is legally obligated to contact relevant authorities in cases of 1) past or present, suspected or confirmed child neglect, physical abuse, sexual abuse; 2) violence between spouses or domestic partners; and 3) when a client shows intent to harm self or to kill another person. I understand that Dr. McBride will make every reasonable effort to obtain prior consent and keep me informed of any necessary breach of confidentiality.

I understand that a judge may order the release of records and/or compel Dr. McBride’s testimony about this co-parenting process. I understand that McBride will make every reasonable effort to protect my confidentiality, to obtain prior consent, and keep me informed of any necessary breach of confidentiality.

* I understand that to promote a high quality of care, confidential case consultation (i.e., sharing case information without identifying information such as names) may occur between Dr. McBride and qualified colleagues.
* Dr. McBride has part-time office hours, and a mobile phone and (encrypted) email are used as primary communication. Dr. McBride may not be immediately available by phone, and that in such cases, emergencies are to be managed through the local crisis line [(502) 589-4313] or 911.

# By signing below, I acknowledge the above information and provide consent for treatment for myself. I also acknowledge that I have received a copy of this consent. Additionally, I have received a copy of Psychologist-Client Services Agreement, which includes a Notice of Privacy Practices for this office.

Client Date

#### Client Date

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***Financial Agreement for Divorce or Co-parenting Consultation Services***

***\***

**Cancellation Policy: Twenty-four hours notice is required for cancellation of appointments. You will be charged the FULL FEE for any failed appointments or cancellations without twenty-four hours notice.**

I understand that I am financially responsible for the payment of all charges rendered to me, or to any members of my family. I understand that all fees are to be paid at the time of each visit unless other arrangements have been made with Dr. McBride prior to receiving services.

I understand that co-parenting and divorce consultation services are likely not reimbursable by my health insurance company.

I understand that travel time for any off-site visit will be billed on the basis of Dr. McBride’s regular “court-involved” rate. I understand that any phone time with me and with others involved (e.g., attorneys, etc.) and record review will be billed at the regular hourly rate, and that emails are billed per occurrence as well as in time **(See Rate Schedule**). I further understand that if I compel Dr. McBride to testify in court, all time involved, including preparation and travel time will be billed at the hourly “court-involved” rate, including preparation and travel time.

I understand that account balances with no payments for sixty days may be forwarded for collection action to an outside agency, and that unpaid monthly balances will accrue interest at the rate of 3% per month.

I have read and understand the above statements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RATE SCHEDULE**

**Professional Coaching & Consultation**

**Court-involved\*\* Clinical Services**

Includes co-parenting agreement development and support, court-ordered evaluation and some therapy sessions\*\*, divorce coaching/child specialist consultation

* **$300** per 60 min.
* **$450** per 90 min.
* **$310 per hour**: prorated $25 per 5 min. increments (billed for time outside of session/meeting time): phone calls, e-communication\*, travel, report & letter review & writing, court preparation\*\*\*)

\*\*Note: For therapy sessions, you may be billed at the regular psychotherapy rate, even if you have some court or attorney involvement. If, however you have been referred by your attorney or the court and require related communication or recommendations **you will be billed at the forensic rate.** This session rate may shift back to regular therapy rates once the evaluation period ends, and monitoring recommendations are no longer required.

**With the exception of routine scheduling**, **each email or text received** **(including cc:’d)** will carry a charge of **$5.00.** Communication that requires a response and/or more extensive review will be billed at the hourly rate above, but with a minimum charge of **$20 per email**.

revised November, 2023