

Darren Snyder, MA LPC

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Informed Consent and Service Agreement for Supervised Visitation

Please read carefully

The primary goal of supervised visitation is to provide parents with a forum to connect with the child(ren). The duties of supervised visitation professional are as follows:

- Provide a neutral secure location for the visitation.
- Monitor compliance with court orders.
- Assist with boundaries between parents and families during the visitation
- To assist in facilitating healthy relationships with the children.

Insurance companies do not cover the costs. This process focuses on matters concerning the children.

Confidentiality remains in supervised visitation. Periodically, I am subpoenaed to testify in court to report on compliance. Compliance and progress focus on attendance, payment of services, progress with goals and compliance with boundary recommendations - see coparenting suggestions (attached).

- Sessions are billed by session hour.
- Billable services also include phone calls, text messages, email, parent app conversations and document reviews related to the case. These services are billed at 15 minute intervals. These services will be billed to the applicable party, as determined

by therapist. Texts, emails and phone calls will be billed to the adult engaged in that communication, or their professional.

Cost is \$150 per hour. This cost is generally split between families, dependent on the court order. Payment must be made at the beginning of the session.

Please consider the following agreements and sign below. When you sign the document, it will represent an agreement between us.

I agree to participate in parent counseling and to have, Darren Snyder MA LPC, serve as the supervised visitation counselor to help facilitate visitation with my child(ren). I am voluntarily deciding to participate in order to better meet the best interests of my child(ren). The process will continue for the duration specified by the court order.

I understand the counselor may testify in court concerning the activities and responses of all parties involved in the supervised visitation.

I understand that I may consult with an attorney at any time and withdraw from services with Darren Snyder MA LPC at any time.

I understand that supervised visitation may be stressful and may result in distressing feelings, behavioral reactions and interpersonal strain for the parents and the child(ren).

I have read and fully understand the preceding statements and conditions of service. By signing this form I am agreeing to these terms and authorize Darren Snyder MA LPC for the duration of her appointment as supervised visitation counselor to communicate with the court and attorneys involved in my case.

Signed:_____

Printed Name:_____

Date:_____