

## DIVORCED, SEPARATED, AND MULTIPLE CAREGIVERS

For the purposes of this policy, divorced or separated parents, as well as multiple adult caregivers, guardians, etc., are referred to as "the parent(s)."

- For all clients under the age of 18, LifeStance Health, Inc., requires the completion of the **Minor Child Addendum to the Patient Services Agreement** form.
- LifeStance Health will attempt to involve all legal guardians in the child's care except in the following circumstances:
  - Cases of abuse or serious impairment on the part of the guardian;
  - Where restricted by court order, parenting plan or other legal restriction;
  - When the involvement would be detrimental to the child's mental health or would interfere with the child's treatment.
- Telephone, texting, face-to-face, email, or written communication from any guardian may be shared - at the discretion of the therapist and when deemed appropriate given the circumstances - with other guardians or with the child. Written communications, emails, and telephone messages may become part of the child's permanent record.
- The guardian who registers the child for services as a client with LifeStance Health is the guarantor for the Patient Services Agreement and is responsible for payment of the account. When parents have agreed to share healthcare expenses, it is the responsibility of the guarantor to pay the fee and to collect reimbursement from the other parent(s). If there is a missed appointment, the guarantor is responsible for payment of the cancellation fee.
- All details regarding payments must be agreed upon, documented, and signed before the initial appointment. If necessary, a consultation session may be deemed necessary to address these issues.
- LifeStance Health expects parents to inform each other about scheduled appointments. A cancellation fee will apply if an appointment is missed regardless of which parent scheduled the appointment.
- LifeStance Health is not responsible for routine communication with parents who do not attend appointments. For example, LifeStance Health will not routinely contact a non-custodial parent after each appointment. Our baseline expectation is that parents will communicate with each other openly regarding treatment, and that each parent will cultivate a healthy relationship and open communication with their child. If it is unrealistic to expect the baseline relationship, it may be possible to have a therapist to send periodic summaries for an additional charge, provided that release of information and payment arrangements have been made for this service as necessary.
- LifeStance Health welcomes the involvement of stepparents, siblings, grandparents, chosen family and other persons, but participation in therapy and access to professional communication will be determined based on the child's needs, the guardians' wishes, previously granted permission to communicate with non-guardian parties, and the family's particular circumstances.
- Psychotherapy notes are never included in the patient's record and will only be provided to third parties at the discretion of LifeStance Health, even with a signed Release of Information. Only guardians have access to their child's medical records. Parents have this right of access in accordance with applicable state law, court orders and parenting plans.

- Subject to a signed Release of Information, LifeStance Health will cooperate with other professionals by providing information as appropriate. The priority of the therapist shall be to preserve confidentiality and the ability to continue working in a healing relationship with the child and family.
- Legal issues may arise after therapy has begun. Please refer to the Patient Services Agreement for the limitations and costs associated with LifeStance Health provider participation in these circumstances.
- We have found that it has been mostly unhelpful for our therapists to participate in court proceedings. In fact, it must be made aware that we have a duty to do no harm to our identified client. We also have ethical obligations to our clients and cannot simply be asked to change roles with a client without first having a discussion with them. Please note that testifying in court can damage the therapeutic relationship and seemingly break the trust of the client with their therapist, again doing more harm than good.

**I/we have read and understand the preceding information. I/we agree to abide by the aforementioned policies. I/we acknowledge that we have received a copy of this policy.**

**Date:** \_\_\_\_\_

**Client Printed Name:** \_\_\_\_\_

**Guardian's Signature:** \_\_\_\_\_

**Guardian's Printed Name:** \_\_\_\_\_