



EPKC Coparenting Intake

Date: _____

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Cell/Email: _____; _____

Race: Circle	Caucasian	Black	Hispanic
Asian	American Indian	Bi-Racial	Other

Sex: Circle	Male	Female	Other:
--------------------	------	--------	--------

Financial:	Not working	0-25,000	25,001-49,999	50,000-69,000	70,000 +
-------------------	-------------	----------	---------------	---------------	----------

Financial Policy:

Providers are committed to providing you with the best possible service. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about fees, the Financial Policy is your responsibility for payment.

All clients must complete the information form and financial policy prior to seeing the therapist. Insurance does not cover “coparenting”. Payment is due at the time of service. We accept money orders, debit/credit cards, HSA cards. If you use a credit card, fees will be incurred. Cash not accepted.

Cancellations

A 24-hour notice is required for all cancellations. Your hourly assigned fee will be charged for the missed appointment as well as an additional \$50 charge. Your appointment time is reserved specifically for you. Policies regarding charging for missed appointments appear herein. Fees incurred in less than 24 hours may include situations such symptoms of Covid, Covid testing, illness, accidents, inclement weather, etc. Fees will be charged to the credit card on file. More than two no shows or least minute cancellations may result in discharge from EPKC services. If one party no-shows or cancels in less than 24 hours fees will need to be paid prior to the next scheduled appointment.

Insufficient Funds

I agree to pay any and all bank fees associated in the event of checks received for insufficient funds. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account and for professional services and/or consultation rendered. I have read all of the information herein and have completed the "Client Information" form. I certify that the information provided is true and correct to the best of my knowledge and agree to notify my provider of any changes regarding the above information or other charges that may impact on my treatment. Charges for NSF will be \$50 plus return charges and bank fees. Fees may be incurred for use of multiple credit/debit card changes as this takes time out of the day to run charges and make changes when cards are declined.

Consultation and/or Legal Case

During your divorce or modification, there may be occurrences when the therapist is asking to meet with, contact or write reports or emails. There may be consultation fees associated with your particular case. These fees may apply to the case, Consultations with attorneys or other therapists, co-parent counselors, take us away from our practice and make time for other clients. Often, we work late and at weekends to meet the needs of the clients. The fee for depositions, reports, court testimony, email review/response, phone calls, etc. As a result, there will be a minimum of 4 hours charged for court or depositions. Fees for such services are paid in advance or deposited with your attorney in advance of the required date. Court fees are nonrefundable. This may be by zoom or in person. Prices non-negotiable. Late cancellations by one party may result in the person cancelling paying both fees.

Empowering Parents KC Professional Fees (*Based on Sliding Fee Scale)

No show/Late Cancellations	\$100 per occurrence
Consultations (Court/trial prep, email review/response, phone, etc.)	\$100 per hour
Court Attendance and Depositions (4 hour minimum) nonrefundable	\$400 per hour
After Hours calls (past 5pm and weekends)	\$150 per hour
Emergency appointments (evenings past 5pm and weekends)	\$150 per hour
Phone calls and consults with attorney, client (unrelated to scheduling), etc	\$100 per hour
Reviews of Co-parenting Apps including Our Family Wizard	\$100 per hour
Fee per email not related to scheduling	\$ 25.00 per email

Empowering Parents Kansas City (EPKC) Fees are sliding fee scale

Empowering Parents KC will provide letters, forms and reports and attend court which must be paid for in advance. Court testimony is paid in advance with 4 hours minimum based on current Sliding Fee Scale Fee plus mileage. This is nonrefundable. Any other service is based on the hourly sliding fee scale rate.

Security of Records

Your treatment and related financial records are kept in a locked file room. Records will not be made available to others without a signed authorization to release the information except where allowed or mandated by law. There is a charge for copies of records, which is in accordance with Missouri State Law of who regulates these fees. We will follow HIPAA Laws and will abide by HIPAA to ensure the safety and security of our clients. You may request access to your records and you understand that it will take 30

days to receive receipt of records, if approved by therapist. If not approved you understand you will receive notification of same. Records will not be disbursed via email and only provided by client picking up records from EPKC office. If you wish to have a copy of your coparenting record, records are joint and will require release from both parties to receive records.

Security Cameras and Recordings and Confidentiality of phones/Email

EPKC does not allow recordings (video or voice) nor cameras in therapy sessions. This includes co-parenting sessions. If you choose to email your therapist from your personal or work email account, please limit the contents to basic issues such as scheduling and cancellations. We will not respond to personal or clinical concerns via regular email or phone text messaging.

General Information

Coparenting is not considered therapy and therefore it is a service that is not covered by insurance. Insurance would require a diagnosis and treatment plan and in coparenting there is no diagnosis for either party. I understand that I may have a court order to attend co-parenting and I understand that co-parenting may also be voluntary. Each parent will be seen for an individual session and thereafter will be seen in joint sessions. Zoom sessions will be considered and determined by therapist.

There may be times when co-parent counselor asks to consult with your child(children). This is not therapy but a consultation to check in with the children on any specific issues or check in with the child in general.

There will likely be consultation charges for review of communication (I.e. Our Family Wizard), parenting plans, court orders etc.

I agree with the above terms: _____(client) _____(date)

Problem List: Current Symptoms:

Please identify the most significant issues impacting your ability to co-parent. Please list any issues with domestic violence:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Past or present issues with domestic violence _____

EPKC Credit Card Payment Authorization Form

By signing this form, you give permission to debit the amount for all services you have received, which may include deductible, copays, consultation, court, etc.

Cardholder Name: _____

Cardholder Address:

Account Number: _____

Expiration Date: _____

CVV (3 or 4 digit code) _____

I authorize the above-named business to charge the credit/debit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated on this form. At any time, I can discontinue this card but must do so in writing.

Signature: _____