



Hawthorn Counseling Group

977 Lakeview Parkway, Suite 102, Vernon Hills, IL 60061

(847) 680-0755

• www.hawthorncounseling.com

Co-Parenting Consultation Client Registration Packet

Welcome to Hawthorn Counseling Group. Completing the registration packet is the first step towards getting the help you are seeking and we look forward to working with you to achieve your goals for counseling. Please note the following about the attached forms:

- ✓ Each parent is to complete a separate packet of forms and return to Dr. Jochem
- ✓ Please complete the client registration form.
- ✓ Please complete the Co-Parenting Consultation Agreement.
- ✓ All clients are asked to complete the attached *Payment Agreement*. Please provide credit card billing information. As explained on the form, you may use cash or check to pay for services provided however your credit card may be utilized for collection of unpaid balances resulting from deductibles, copays, late cancellation or failed appointment charges.

Please pay special attention to our policies regarding late cancellations or failed appointments:

- If you need to reschedule an appointment, Hawthorn Counseling Group requires at least 24 hours' notice—a full business day in advance of the hour of your appointment—giving notice of the intent to cancel a scheduled appointment. Also, please note: appointments scheduled on Mondays (or Tuesdays if following a holiday weekend) must be canceled by 5:00pm the preceding Friday afternoon. If you have a scheduling conflict and must cancel an appointment it is sufficient to leave a voicemail message in your specific clinician's voicemail box by calling 847-680-0755, then entering the mailbox extension for your HCG clinician. This notification must be provided a full 24 hours (or one business day) in advance of the hour of the scheduled appointment in order to avoid being billed for the appointment. We are unable to make allowances or exceptions to this policy, except in cases of sudden serious illness, family emergency or severe inclement weather. Be advised that business/work conflicts, scheduling of kids' athletic or school events, unexpected travel or other similar circumstances which might arise are not deemed as grounds for waiver of the late cancellation policy.
- With regard to late cancellations or failed appointments, you will be charged the full usual and customary fee for one hour of scheduled service.



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CLIENT REGISTRATION INFORMATION

PLEASE PRINT

<i>Patient Information</i>					
Last Name	First Name	MI	Date of Birth / /	Age	Sex
Address		Apt. #	City	State	Zip
Home Phone	Work Phone		Cell Phone		



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PAYMENT AGREEMENT

Patient Name: _____

In consideration of the services to be rendered by the clinicians of Hawthorn Counseling Group (HCG), I agree to pay HCG for all services provided to the patient, at the established rates listed in the HCG fee schedule in effect at the time services are received, or as otherwise negotiated with HCG.

I also understand that I am financially responsible for any failed appointment & late cancellation charges.

I certify that the information provided to HCG is, to the best of my knowledge, complete and accurate. I will make arrangements for prompt and regular payment of fees to HCG for services. I understand that payment is due either in-full or in-part at the time services are provided, as arranged when services are initiated.

I understand that I may pay by cash or check. I grant permission to HCG to bill my credit card account or flex spending account noted below for payment of any charges. This includes payment of any unpaid balances which are 30 days or more past due, including co-payments, deductibles, failed appointment & late cancellation charges.

In understand that credit card charges will show on billing statements as "Hawthorn Counseling Group".

All patients are asked to provide credit card billing information below:

TYPE OF CREDIT CARD: VISA M/C FLEX SPENDING ACCOUNT DEBIT CARD

NAME OF CARD HOLDER:

PRINT

ACCOUNT NUMBER:

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EXPIRATION DATE:

--	--	--	--

AGREEMENT AND AUTHORIZING SIGNATURE:

X _____



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977 Lakeview Parkway, Suite 102, Vernon Hills, IL 60061

(847) 680-0755

● fax: (847) 573-1617

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Agreement to Receive Co-parenting Consultation Services

I wish to engage Hawthorn Counseling Group (HCG) to provide co-parenting consultation (“consultation”, “consultant”) in accordance with the terms and description below. I understand that the process is voluntary, results cannot be guaranteed and that I may withdraw from consultation at any time.

Co-parenting consultation services provided by HCG are a limited scope engagement distinct from other mental health services. Co-parenting consultation provided by HCG is a form of mediation which is defined as, “...a process in which a mediator facilitates communication and negotiation between parties to assist them in reaching a voluntary agreement regarding their dispute...” (*Illinois Uniform Mediation Act, 710 ILCS 35/2(1)*). The co-parenting consultant is practicing as a mediator, with particular focus upon co-parenting disputes. Co-parenting consultation is not psychotherapy and does not include psychological assessment, diagnosis or treatment of a mental health condition.

Co-parenting consultation includes the services listed below, which may be expanded or modified by a court, or otherwise tailored to the parties’ needs and circumstances by consent of the parties:

1. The consultant provides mediation services, seeking to improve communication and dispute resolution between parents regarding parenting decisions.
2. The consultant provides education and coaching regarding child development, impact of divorce upon children and effective post-decree parenting strategies, seeking to improve consistency in parenting and reduce conflicts between parents.
3. The consultant provides a forum for discussion of parenting decisions and assists parents in reaching conjoint understandings and durable decisions with respect to parenting. The consultant is vested with no decision-making authority with respect to parenting decisions.
4. The consultant seeks to reduce the child’s exposure to conflict or disputes between the parents.
5. The consultant may recommend outside resources as indicated, such as parenting classes and psychotherapy.
6. The consultant may recommend or assist parties in developing guidelines, shared understandings or ground rules for communication between parents.

7. The consultant may meet with the parties, the children, and significant others, conjointly or separately. Decisions as to who will attend consultation sessions may be determined by court order and will be by mutual consent of the parties.
8. The consultant will recommend if appointments shall be conjoint with both parties or separate and this may vary over the course of the consultation process. Scheduled appointments are typically 1-1 ½ hours in duration, by prior agreement with the parties.
9. The consultant will not serve as a court's expert professional in any capacity or in any proceeding related to a marital settlement agreement or parenting allocation judgment.
10. The consultant may request permission to review prior court judgments or orders regarding parenting matters, such as a prior allocation judgment or agreed orders.
11. The consultant will not offer opinions, judgments or conclusions regarding an issue of fact or law related to parenting matters. The consultant will not provide legal opinion, recommendations or guidance.
12. The consultant maintains a position of impartiality and neutrality throughout the consultation process, is guided by the best interests of the children. The parties affirm that the consultant has no prior interest, financial or personal, or prior relationship with themselves or, to the best of their knowledge, the other party which might compromise the consultant's impartiality.

I understand that services provided through co-parenting consultation are confidential, as determined by relevant statute(s), and release of information to parties outside of the co-parenting consultation process will require the consent of both parties receiving co-parenting consultation. There are, however, circumstances under which information may be released without prior consent of the parties. These circumstances include, but are not limited to, the following: a) it comes to the attention of the consultant that a serious threat of harm to an identifiable person exists; (b) the consultant learns of information suggesting possible abuse or neglect of a child; (c) the consultant learns of information indicating clients may pose a danger to self/others or an inability to meet basic needs, (d) information may be released in accordance with and as specified by court order. I understand that information, records, communications and testimony concerning my family or myself must be disclosed in the event of a court order demanding it, in accordance with relevant statute. Additionally I understand that information, records, communications and testimony concerning my family or myself may be disclosed in litigation or other proceedings in accordance with the relevant statutes or previously issued court orders. I understand that our co-parenting consultant may provide documentation which memorialize agreements made during the course of our work together.

I understand that co-parenting consultation fees are billed at the hourly rate shown on the HCG fee schedule, or pro-rated fractions thereof, for any and all time spent regarding my case. This may include: include: individual or conjoint consultation sessions, document preparation, reading/responding to emails or other communications or telephonic consultation. I understand that a retainer, the amount agreed-upon in advance, is to be provided at the outset of services, to be replenished should the retainer be depleted. I understand that services will be suspended upon depletion of the retainer until such time that the retainer has been replenished. While both parties to the consultation process are asked to independently execute this agreement, I understand that only one retainer is required for my case, which will be utilized for all services related to my case, whether these are conjoint or individually scheduled consultation services. I understand that the parties involved in my case are responsible for determining who and by what amount they will establish and, if necessary, replenish the retainer.

I agree to give full 24 hours notice when canceling an appointment and, without such notice, I understand that I will be charged one full hourly session fee (\$260.00) for any late cancellations or failed appointments. I will furnish HCG a credit card for billing and I give consent to HCG to utilize this account for collection of charges for all services, late cancel/failed appointments and any outstanding balances which may accrue.

I understand that HCG will furnish an invoice showing charges and payments at any time upon request. I understand that HCG will not submit health insurance claims on my behalf for co-parenting consultation and that the services, themselves, are unlikely to be covered by health insurance.

I understand that I may withdraw from the consultation process at any time and, also, that the consultant may withdraw from the consultation process at the consultant's discretion.

I understand and agree to the information and terms described above and wish to retain the services of HCG for co-parenting consultation. I understand that both parties are asked to execute this agreement, separately, in connection with our co-parenting consultation case.

Printed name: _____

Signature: _____

Date: _____