



GARIN D. VICK, PSY.D.

— CLINICAL & FORENSIC PSYCHOLOGY

Welcome,

I have been appointed by the Court to act as your Parenting Coordinator. In that role I will help you make decisions intended to resolve issues relating to your children in a timely manner, in the hopes that this process will minimize the harm incurred by your children from exposure to your conflict.

This is important because the research is very clear that children's functioning and adjustment is negatively affected by conflict between parents. The Parenting Coordination process will focus on the needs and interests of your children and will assist you to maintain a safe and workable parenting plan when disputes arise.

In order to accomplish these goals, we may meet individually or jointly. I may talk with your child(ren) and other people closely involved in your child(ren)'s lives. My focus will be to facilitate agreement between you and the other co-parent. When that is not possible, I have been authorized to decide contested day-to-day issues with the exception of making changes in timesharing or make substantial changes to existing court orders.

Before we start our work together you need to complete and sign all documents included in this packet. I will review your paperwork and answer any questions you may have at the time of your first appointment.

PLEASE NOTE: Failure to complete all the paperwork will result in the need to reschedule your appointment and a charge of \$550.00 for the (2 hour) scheduled session time that would have to be cancelled. Please call our office at (813) 689-2525 if you have any questions or concerns.

Sincerely,

Dr. Garin Vick, Psy.D.

1463 Oakfield Drive, Suite 136, Brandon, FL 33511 / (813) 689-2525 / (813) 689-4433 fax
Drgvick@gmail.com / www.Drgvick.com



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AGREEMENT AND CONTRACT TO ENGAGE IN PARENTING COORDINATION

This document contains information on the Parenting Coordination process I have been retained to conduct upon order of the court, or upon stipulation of both parties and their attorneys, and retained by the court. As a psychologist licensed under Florida Statutes 491 and Qualified under Florida Statutes 61.125, I am trained, experienced, and legally qualified to conduct the services described below. I will not in any way provide any form of clinical diagnosis or psychotherapeutic treatment as a part of this process. Should you feel there is a need for such services, you agree to seek professional assistance from an appropriate clinician other than myself.

Guidelines to be reviewed and agreed upon before the process commences include the following:

_____ **A.** By remaining impartial and neutral, I will endeavor to analyze and assess the many individual and family factors contributing to the unresolved conflicts currently being experienced and utilize my training and experience to teach appropriate conflict resolution skills to both parties. Further, when the parties are unsuccessful in reaching consensus or appropriately negotiated resolution in each dispute, I am authorized to make a binding determination in all matters except decisions resulting in what the court would consider a “substantial change in circumstances”. My goal is to assist parents in making decisions that facilitate healthy child development and assist the court in making decisions in the very best interest of your child(ren). As a Parenting Coordinator, I may need additional information in order to better understand the psychological, developmental, and emotional needs of each child, the parenting capacity of each prospective custodian, and the functional ability of each parent to meet the complicated needs of each child. The wishes of your child(ren), where appropriate, will also be considered. I will give each parent ample opportunity to contribute pertinent information and communicate any concerns. It is my specific intent to conduct the Parenting Coordination process to the highest professional and ethical standards, which shall be free from discriminatory bias based upon age, gender, race, ethnicity, national origin, religion, disability, language, culture, or socioeconomic status.

_____ **B.** The **Parenting Coordinator** has broad responsibilities including: 1.) Creating approaches to implement a parenting plan that reduces the conflict between the parents; 2.) Monitoring compliance with the parenting plan or parenting schedule and helping resolve parent’s disputes concerning the plan or schedule of parenting issues;

3.) Teaching communication skills and educating parents about principles of child development and issues facing children when their parents no longer live together;

4.) Maintaining communication amongst the parents by serving, if necessary, as a conduit for information.



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- 5.) Writing detailed guidelines or rules for communication between parents and practicing those guidelines or rules with the parents, if necessary.
- 6.) Teaching parenting skills if those are lacking;
- 7.) Deciding how a particular element of a parenting plan or parenting schedule will be implemented including temporary changes in the parenting schedule, holiday or vacation planning, logistics of pick up and drop off, suitability of accommodations and issues dealing with stepparents and significant others; and
- 8.) Working with both parents to update and revise their parenting plan and time-sharing arrangements as changes in the children's and family needs occur.

_____ **C. Multiple Relationships:** As is expected by professional standards, I will not engage in a Parenting Coordination process for any current or former psychotherapy client(s), or any person(s) with whom a previous professional or personal relationship exists, except under rare or extraordinary circumstances, and only if both parties request such involvement, and the attorneys for both parties fully agree. If I become aware of such a previous relationship during the process, I will inform the court and respective attorneys of my professional obligation to withdraw, if appropriate, and will refund any unused retainer to the appropriate parties.

_____ **D. Pre-Appointment Communications:** Should use choose to engage my services as a Parenting Coordinator, I will gladly discuss and clarify any information contained in this agreement or discuss any concerns regarding the process of Parenting Coordination. Also, as discussed in the next paragraph regarding safety, I will discuss any concerns regarding safety, domestic violence, or potential abuse issues with either party. To ensure my neutrality and avoid real or perceived bias on my part, until I am officially appointed by the court, I will not discuss with either party or either party's attorneys any specific matters pertaining to the case itself other than to request or clarify information needed to commence or proceed with the process.

_____ **E. Safety:** You agree that if there has been any violence of domestic abuse in your relationship, or any current viable threat to you, your child(ren), or any other party to this process which may limit your ability to effectively participate in the process, you will report this to me in a timely manner. You may inform me either directly during any individual session or visit, or confidentially via telephone (813) 689-2525, or via confidential email **Drgvick@gmail.com**. Further you agree to notify your respective attorney of any concerns you may have in this regard.



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_____ **F. Mandatory Reporting:** You understand and agree that, by law, when information concerning child abuse or neglect; abuse, neglect or exploitation of a disabled adult or elderly person; or the serious threatened harm to anyone comes to my attention during the course of this process, I **must** notify the appropriate authorities or potential victim, if any, and not adhere to the confidentiality restrictions normally expected during the course of such a process.

_____ **G. Court Appearances and Records:** Appearance in court on any Parenting Coordination case involves your permission to testify, OR the court's permission to allow my testimony. If requested by the court, or if I request to testify for any reason, you agree to pay my standard fee of **\$400.00/hour** at the percentage ordered by the court, for all time expended in preparation, travel, or testimony. If I serve as a witness, expert witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$400.00/hour** for any time expended in such testimony. This includes preparation time, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process. Should any signatory of this agreement seeks to compel me to provide information in a court proceeding or elsewhere, you agree in advance that this person will compensate me, at the rate of **\$400.00/hour**, for any and all time expended in response to this request for release or subpoena of information, including preparation and court time, document review and phone calls, all travel time (portal to portal), all time expended invoicing, correspondence, etc...plus the cost of all legal services which I may employ to defend the integrity of this process. If requested to testify by the court or any party to this Parenting Coordination process, you authorize me to testify to the court regarding any and all specifics contained within my case file and/or the process of reaching my conclusions and recommendations. You also agree to pay my normal compensation fee of **\$400.00/hour**, which shall include any and all time expended in the course of any and all court appearances associated with this process. If additional time not covered by this retainer is required during any court appearance, you agree to compensate me for all additional time expended, at my normal fee of **\$400.00/hour**, upon presentation of final invoice. If both parties request my presence in court, the retainer fee and any additional fees can be split according to percentage agreed upon between the parties, as ordered by the court. Any unused portion of the retainer will be returned to appropriate party or parties upon completion of all court action. You also understand and agree that any court appearance will require receipt of additional daily retainer of \$3200.00 for each day subpoenaed by the requested party before I will appear to testify. This daily retainer of \$3200.00 will need to be received 48-hours in advanced of the court appearance.



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____ **H. Independent Legal Counsel:** You are encouraged to avail yourself of legal counsel if you so desire. You have the right to retain a separate and legal attorney of your own choosing to advise you of your legal rights and responsibilities during this legal proceeding. You are encouraged to talk openly with your attorney throughout the entire investigative process. You understand that I will not provide any legal services or advice. Please complete the following in regard to your attorney:

Participant Name

Attorney's Name

Attorney's Phone Number / Fax Number

Attorney's Address / email address

____ **I. Fees:** My fee for Parenting Coordination services is two hundred dollars (**\$275.00**) per hour, payable via cash, check, cashiers check, or credit card. Time is billed in 15-minute increments. This rate shall apply to my time involved in all sessions, phone calls, interviews and discussions with collateral contacts, reading and writing of any pertinent documentations or emails, participating in case conferences, preparation of parenting plans, preparation of reports and recommendations, any required collection action or related litigation, and any and all other time spent on your behalf. As such, a **retainer of \$3000.00** is required or **by signing a credit card authorization form** before this process is begun. This deposit can be paid by including a check with this signed agreement, by calling my office and making a credit card payment, or by personally delivering a cash deposit to my office. As more time is required, you agree to pay an additional retainer upon request. Any unused portion of any retainer shall be returned upon completion of my services as a Parenting Coordinator. You will be supplied an accounting of hours accrued upon request.

Each party shall share the payment for Parenting Coordination services according to the following percentage:

Name: _____ Percentage of Fee: _____%

Name: _____ Percentage of Fee: _____%

- For individual PC Sessions, the costs shall be paid 100% by the party who has the individual session
- Communication with the PC by the party, the party's legal counsel, or anyone acting on the party's behalf, the cost shall be paid 100% by the party requesting the communication.



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- Communication with Third Parties including the child(ren)'s therapist, or any other professional(s) in connection with this case, the cost shall be divided equally between the parties.
- Requests for this PC appearance in connection with the litigation, including depositions, hearings, trials, settlement conferences, or any other formal meeting, the cost shall be paid 100% by the party who requests the PC's appearance.
- Document review by the PC provided by the party, the party's legal counsel, or anyone on the party's behalf, the cost shall be paid 100% by the party requesting the review.
- The cost of any written report that is requested shall be paid 100% by the party who requests the written report.

If it can be determined that action required by the PC is related solely to an individual party including, but not limited to, missed appointments, court appearances, depositions, trials settlement conferences, or any other formal meeting, communications with the party, the party's legal counsel, or anyone acting on the party's behalf, the cost shall be paid 100% by that party.

_____ **J. Full Disclosure:** You agree to cooperate fully with all requests for documentation of records, and fully disclose all relevant information, as requested throughout the course of this process. If you have any reason to doubt the honesty, accuracy or completeness of the opposing party's disclosure of any relevant information, it is agreed that you will inform your attorney and me as soon as such concerns arises.

_____ **K. Cancellation Policy:** During the course of this process, time will be coordinated with and reserved for you, or on your behalf. My full hourly fee of **\$275.00** for each hour scheduled will be charged for all appointments that are not cancelled or rescheduled at least **48 hours** in advance. This includes missed office visits, phone appointments and interviews scheduled with you, with collateral contacts, or on your behalf, barring unforeseen and documentable emergencies.

_____ **L. Emergency:** Assistance provided during the Parenting Coordination process is not intended to be a crisis service. All Parenting Coordination services are held during the ordinary course of business and not outside normal working hours. Therefore, I agree to not contact the Parenting Coordinator outside of normal working hours.

_____ **M. Expected time frame and process:** Each party can expect a minimum 2-hour individual session at the beginning of the process, followed by a 2-hour conjoint session. Future sessions will be scheduled individually or conjointly and may be one or two hours, depending on the specifics of the



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case, the dynamics between parties, and relative schedules of all parties. There is no way to determine how many sessions will be required but, generally, the more quickly conflict subsides, and a climate of cooperation is established, the sooner sessions can be reduced over time.

_____ **N. Psychological Evaluation:** During this process, I will not give an opinion about the psychological level of functioning or any individual, or clinically diagnose any individual. If I become concerned about the psychological or emotional functioning of either party, and have not received a psychological evaluation for that individual, I may request that the court order such an evaluation by qualified professional before I continue the Parenting Coordination process. If such an evaluation is not ordered by the court, or is otherwise unavailable, I may include a statement of my concerns in a written summary to the court.

_____ **O. Informed Consent:** You understand that Parenting Coordination is not equivalent to psychotherapy, but like therapy there **IS** an assumption or privilege or confidentiality regarding information disclosed in Parenting Coordination sessions.

_____ **P. Parent Communication Guidelines:** You agree to agree to the following guidelines regarding communications between parents, the Parent Coordinator, and other involved professionals:

- 1.) The parents will use the guidelines provided to them entitled “*Guidelines for Effective E-mail Communication*” for all written communications including texts, emails, or mail including ourfamilywizard.com (attached).
- 2.) The parents will cc: the Parenting Coordinator with all e-mails or texts with each other. The parents will cc: the other parent with e-mails to professionals about the child(ren).



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- 3.) The parents will not, nor will they allow others to, disparage the other household members in the presence or hearing range of the child(ren).
- 4.) The parents will not, nor will they allow others to, discuss the litigation, child support, or court services in the presence or hearing range of the child(ren).
- 5.) The parents will not, nor will they allow others to, use the child(ren) as messengers.
- 6.) The parents will not, nor will they allow others to, question the child(ren) about their time at their other home or about co-parenting matters. They may discuss the children's feelings. If the parent feels they need to ask questions, they will ask questions about the child(ren)'s time with them rather than time with their other parent.
- 7.) The parents will use two home friendly vocabulary with the child(ren).
- 8.) The parents will notice the other parent within 24 hours of the time they are notified of any professional appointments or activities for the child(ren), or immediately if 24-hour notice is not available.

Q. Waiver of Decision-making Authority: *Florida Parenting Coordination Rule 12.74 states, in part:*

- a.) Authority with Consent. The parenting coordinator may have additional authority with express written consent. If there has been a history of domestic violence the court must find that consent has been freely and voluntarily given. (1.) With the express written consent of both parties, the parenting coordinator may (A) have temporary decision-making authority to resolve specific nonsubstantive disputes between the parties until such time as a court order is entered modifying the decision; or (B) make recommendations to the court concerning modifications to the parenting plan or time-sharing. (2.) With the express written consent of a party, a parenting coordinator may (A) have access to confidential and privileged records and information of that party; or (B) provide confidential and privileged information for that party to health care providers and to any other third parties.
- b.) Limitation of Authority. A parenting coordinator shall not have decision-making authority to resolve substantive disputes between the parties. A dispute is substantive if it would (1.) significantly change the quantity or decrease the quality of time a child spends with either parent; or (2.) modify parental responsibility.

You understand that by consenting to work with me as Parenting Coordinator, you are giving me your expressed written permission, via this contract, to assume the additional authority listed above (b). You understand that you are delegating to me the role of Arbitrator – or final decision maker – in



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all unresolved conflicts except the “substantive disputes” defined in (a) above. You understand the ramifications of this action, and voluntarily agree to this clause.

Your signature below certifies that each term has been discussed, all questions and concerns have been addressed, and this contract accurately reflects your agreement to engage my services of Parenting Coordinator as described above.

If this is your understanding, please print and sign your name in the spaces indicated below. You may include a personal or cashier check or call my office to make a credit card payment or other arrangements. With your signed agreement and submission of [your portion of] the refundable retainer of \$3000.00, this case will officially begin. I look forward to meeting you and working with you in the best interests of your child(ren).

Participant Name (Please print legibly)

Date

Participant Signature



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PC RULE-15 (JULY 2014)

In accordance with **Rule 15 (July, 2014)**, as a court-qualified parenting coordinator, I am required to provide you with an advance written explanation of my fees and costs prior to commencement of the PC process and provide you with a written notice of any changes in fees during the PC process.

My fee for Parenting Coordination services is two hundred dollars **(\$275.00)** per hour, payable via cash, check, cashiers check, or credit card. Time is billed per 5-minute increments. This rate shall apply to my time involved in all sessions, phone calls, interviews and discussions with collateral contacts, reading and writing of any pertinent documentations or emails, participating in case conferences, preparation of parenting plans, preparation of reports and recommendations, any required collection action or related litigation, and any and all other time spent on your behalf. As such, a retainer of **\$3000.00** or a signed credit card authorization form is required before this process is begun.

Please check which option you would prefer:

☐ I choose the \$3000.00 retainer option.

☐ I choose to put a credit card on file.

This deposit can be paid by including a check with this signed agreement, by calling my office and making a credit card payment, or by personally delivering a cash deposit to my office. As more time is required, you agree to pay an additional retainer upon request. Any unused portion of any retainer shall be returned upon completion of my services as a Parenting Coordinator, or after



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six (6) months with no required sessions. You will be supplied an accounting of hours accrued monthly or upon request.

Cancellation Policy: During the course of this process, time will be coordinated with and reserved for you, or on your behalf. My full hourly fee of **\$275.00/hour** will be charged for all appointments that are not cancelled or rescheduled at least 24 hours in advance. If we schedule a two-hour session, you will be charged for both hours at a rate of **\$550.00**. This includes missed office visits, phone appointments and interviews scheduled with you, with collateral contacts, or on your behalf, barring unforeseen and documentable emergencies.

Court Appearances and Records: Appearance in court on any Parenting Coordination case involves your permission to testify, OR the court's permission to allow my testimony. If requested by the court, or if I myself request to testify for any reason, you agree to pay my standard fee of **\$400.00/hour** for any and all time expended in preparation, phone calls/emails with other professionals, travel, or testimony.

In the event that I serve as a witness, expert witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$400.00/hour** for any time expended in such testimony. This includes preparation time, phone calls/emails with other professionals, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process.

Should any signatory of this agreement seek to compel me to provide information in a court proceeding or elsewhere, you agree in advance that this person will compensate me, at the rate of **\$400.00/hour**, for any and all time expended in response to this request for release or subpoena of information, including preparation and court time, document review and emails/phone



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calls, all travel time (portal to portal), all time expended invoicing, correspondence, etc...plus the cost of all legal services which I may employ to defend the integrity of this process. If requested to testify by the court or any party to this Parenting Coordination process, you authorize me to testify to the court regarding any and all specifics witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$400.00/hour** for any time expended in such testimony. This includes preparation time, travel, emails/calls with professionals, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process.

You also understand and agree that any court appearance will require receipt of additional daily retainer of \$3200.00 for each day subpoenaed by the requested party before I will appear to testify. This daily retainer of \$3200.00 will need to be received 48-hours in advanced of the court appearance.

If additional time not covered by this retainer is required in the course of any court appearance, you agree to compensate me for all additional time expended, at my normal fee of **\$400/hour**, upon presentation of final invoice. If both parties request my presence in court, the retainer fee and any additional fees can be split according to percentage agreed upon between the parties, as ordered by the court. Any unused portion of the retainer will be returned to appropriate party or parties upon completion of all court action.

If this is your understanding, please print and sign your name in the spaces indicated below. You may include a personal or cashier check, or call my office to make a credit card payment or other arrangements. With your signed agreement and submission of [your portion of] the refundable retainer of **\$3000.00 or credit card authorization**, this case will officially begin. I look



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forward to meeting you and working with you in the best interests of your child(ren).

Print Name

Signature

Date



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Effective: 04/18/2022

New Office Policy Re: Cancelled or Missed Appointments:

We understand that from time to time our clients need to cancel sessions due to schedule conflicts or illnesses. However, canceling appointments can lead to scheduling problems for other clients, as well as difficulties for the office due to the inability to bill insurance for missed or cancelled appointments. Additionally, missed appointments or appointments cancelled without sufficient notice can negatively impact your treatment goals. For these reasons, we have instituted the following policy with regard to cancellations:

Once an appointment is scheduled, you will be expected to pay **(\$275.00)** for the missed session or **(\$550.00)** for 2-hour sessions unless you provide a **48-hour** notice of cancellation. For insurance clients if you **are 30-minutes late to your appointment, you will be charged for a missed appointment of \$275.00 per hour, as Dr. Vick cannot bill your insurance company for the remaining time. Self-pay clients who are late have the choice to see Dr. Vick for the remaining time of their appointment, but the appointment can not be extended into another client's scheduled time. You will still be responsible for the full session fee of \$275.00.**

If you are calling in to cancel and cannot reach someone directly, you are asked to leave a message on the voicemail system, which automatically logs the time and date of the call. (813) 689-2525.

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In some cases, we may waive your missed appointment fee. Dr. Vick makes this determination on a case-by-case basis.

Client or Parent/Guardian Signature

Date

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1463 Oakfield Drive, Suite136, Brandon, FL 33511 / (813) 689-2525 / (813) 689-4433 fax
Drgvick@gmail.com / www.Drgvick.com



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ELECTRONIC COMMUNICATION POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with me.

Email Communications

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.



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I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Website

I have a website www.Drgvick.com that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together. Be aware that by signing this form you are releasing us from any liability associated with electronic communication.

Name (print): _____

Signature: _____ Date: _____



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TELETHERAPY INFORMED CONSENT FORM

I _____ hereby consent to engage in teletherapy/coaching with Garin D. Vick, Psy.D. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general Psychotherapy Services Agreement I received with this consent form.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Vick, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if Dr. Vick believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychologist, my condition may not be improve, and in some cases may even get worse.
5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

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6. I accept that teletherapy does not provide emergency services. During our first session, Dr. Vick and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

8. I understand that while email may be used to communicate with Dr. Vick, confidentiality of emails cannot be guaranteed.

9. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

I have read, understand, and agree to the information provided above.

Printed Name

Client (or Guardian's) Signature

Date

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CREDIT CARD AUTHORIZATION FORM

By signing this form, I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any professional services rendered by Dr. Vick, including fees associated with late cancellations (after 24-hours of appointment) or no cancellation of my appointment(s). For your convenience, after visits are discontinued, any remaining balances will be charged to your credit card on file.

By signing this form, I certify that the information provided on this form is true and correct to the best of my knowledge. I am also authorizing Dr. Vick to charge my credit card, listed below, for any of the above-noted charges.

I understand that I may revoke this agreement, at any time, by providing a request in writing.

Client's Name: _____ D.O.B.: _____

Card Holder's Name: _____

Card Holder's Address: _____

Visa ___ MC ___ Discover ___ Expiration Date: _____ Zip Code: _____

Account Number: _____ 3 Digits # on back of card: _____

Signature: _____ Date: _____



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Co-Parenting Questionnaire

Name: _____

Parent's Name: _____

Please list the names and ages of your children.

Name:

Age:

How would you describe each child?

What makes each child special?

(PAGE 1 OF 18)



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Have there been any changes in behavior since the separation or divorce?

Have the children expressed preferences for the future?

How does each child react to change?

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What strategies help each child handle change?

Who else is important in your child(ren)'s lives?

Please list step-parents and other significant care-givers for the child(ren).

Name:

Relationship to Child(ren):

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What do you and your child(ren) like to do together?

What are your plans and wishes for your child(ren)?

How do you and your child(ren) handle and resolve conflict? Discipline?

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HISTORY OF RELATIONSHIP/MARRIAGE & DIVORCE/SEPARATION:

Date of marriage: _____

Date of separation: _____

Date of divorce: _____

Have you or anyone in your family participated in custody or parenting plan evaluations? If so, please provide name of evaluator and dates of evaluation.

Name of Evaluator

Dates of Evaluation

Have any post-judgment agreements been reached? Yes ____ No ____

Is there any pending litigation? Yes ____ No ____ If yest, please describe.

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Has there been any post-judgment litigation? Yes ____ No ____

Is there any pending litigation? Yes ____ No ____ If yes, please describe.

PARENTING AGREEMENT:

How was your parenting agreement reached? (i.e., mediation, stipulated agreement, decided by a judge.)

Please provide any additional information about how your parenting agreement was reached that you feel relevant.

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Please check any of the following that are of concern.

- | | | |
|--|---|---|
| <input type="checkbox"/> Who pays for what | <input type="checkbox"/> Exchanges | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Bedtime | <input type="checkbox"/> School |
| <input type="checkbox"/> Schedule changes | <input type="checkbox"/> Religion | <input type="checkbox"/> Step-parents |
| <input type="checkbox"/> School functions | <input type="checkbox"/> Wanting more flexibility | <input type="checkbox"/> Wanting more structure |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Dating |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Decision-making | <input type="checkbox"/> Family gatherings |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Attendance at extracurricular activities | |
| <input type="checkbox"/> Summer Vacations | <input type="checkbox"/> Extended family relationships | |
| <input type="checkbox"/> Interpreting the time-share agreement | | |

Please explain your selections above in greater detail.

Please explain any concerns not listed above.

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CONTACT SCHEDULE:

Each parent's work schedule.

Please describe the current contact schedule for the child(ren).

Where do the exchanges of the child(ren) take place?

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Who provides transportation?

How satisfied are you with the current contact schedule?

What are your concerns about the contact schedule?

How well are your child(ren) adjusting to the contact schedule?

Child(ren)'s schedules of activities, special needs, and interests [such as school, religious training, and after school activities]: _____

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Does either parent have plans to move?

Does either parent have a new relationship or plan to remarry?

Are there any adult relatives or friends with whom the child(ren) should or should not have close contact?

Is counseling needed for the child(ren), parents or the family?

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Are there any special medical needs of the child(ren), parent, or family?

CO-PARENTING RELATIONSHIP:

How would you describe your relationship with your co-parent?

What are the strengths of your co-parenting relationship?

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What are the primary means you and your co-parent use to communicate? (i.e., in person, telephone, text, email, co-parenting software).

How satisfied are you with your co-parenting communication?

Where would you like to see improvement in your co-parenting communication?

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How do you deal with conflict in your relationship with your co-parent?

How does your co-parent deal with conflict?

Where are the areas you would like to see improvement in your co-parenting relationship?

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Please place an "X" by the areas you would like to improve on and circle the areas you feel are your strengths.

- | | |
|--|---|
| <input type="checkbox"/> Staying child focused | <input type="checkbox"/> Shielding my child(ren) from co-parenting conflict |
| <input type="checkbox"/> Shielding my child(ren) from adult issues | <input type="checkbox"/> Helping my child develop positive self-esteem |
| <input type="checkbox"/> Choosing my "battles" wisely | <input type="checkbox"/> Providing my co-parent with parent information |
| <input type="checkbox"/> Respecting boundaries with my co-parent | <input type="checkbox"/> Respecting my child(ren)'s privacy |
| <input type="checkbox"/> Managing my stress level | <input type="checkbox"/> Avoiding conflict with my co-parent |
| <input type="checkbox"/> Respecting my co-parent | |
| <input type="checkbox"/> Feeling comfortable attending my child(ren)'s events when my co-parent also attends | |
| <input type="checkbox"/> Supporting a positive relationship between my child(ren) and their other parent. | |

What are your parenting strengths?

What are your parenting weaknesses?

What do you think are your co-parent's parenting strengths?

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What do you think are your parenting strengths?

What do your children think are your parenting weaknesses?

What do your children think are your co-parenting strengths?

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What do your children think are your co-parent's parenting weaknesses?

SELF-CARE:

How do you manage co-parenting stress?

What activities do you engage in to take care of yourself?

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Do you have social/family support? Yes ____ No ____ If yes, please describe.

DOMESTIC VIOLENCE:

Is there any history of domestic violence in this co-parenting relationship? Yes ____ No ____

If yes, please describe the type(s) of domestic violence, frequency and last incident.

Have your children witnessed any acts of domestic violence? Yes ____ No ____

Has the Department of Children and Families or law enforcement been involved with your family?
Yes ____ No ____ If yes, please explain.

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Any other concerns or information you would like to discuss?

Name (please print)

Signature

Date

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PARENTING COORDINATION INTAKE FORM

DATE: _____ REFERRED BY: _____

It is important that you complete the following questionnaire as fully and accurately as possible. This form is intended to alert the PARENTING COORDINATOR to issues that deserve special attention. This questionnaire is confidential between you and the parenting coordinator.

NAME: _____ RELATIONSHIP TO CHILD(REN): _____

HOME ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

COURTESY CALL POLICY: We would like to know if you want to be on our courtesy call / message list. Please place your name, and number to call below. The only information disclosed will be the clinician's name, and the date and time of the appointment. Please fill out the following below:

Please check whether you'd like to receive a courtesy call/message prior to your appointment:

☐ Yes ☐ No Number: () _____

Be aware that by signing this form you are releasing us from any liability associated with leaving information regarding your appointment and sending invoices to the below email.

EMAIL: _____

NAME (print): _____

SIGNATURE: _____ DATE: _____

ATTORNEY: _____

ATTORNEY'S FULL ADDRESS (POSTAL CODE) AND TELEPHONE:

OCCUPATION: _____ FULL TIME _____ PART TIME _____ HOURS _____



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NUMBER OF YEARS AT PRESENT PLACE OF EMPLOYMENT: _____

AGE & DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RELIGION: _____ OBSERVANT: _____

EDUCATION: _____

MARITAL STATUS: __MARRIED __COMMON LAW __SEPARATED__DIVORCED__WIDOWED
__ SINGLE

NAME ALL PERSONS WITH WHOM YOU RESIDE (INCLUDING CHILDREN, PARTNERS,
ROOMMATES, RELATIVES, CAREGIVERS, ETC.)

ARE YOU AND THE OTHER PARENT PHYSICALLY SEPARATED? _____

DATE MARRIAGE/RELATIONSHIP: _____ CITY OF MARRIAGE: _____

DATE OF FINAL SEPARATION: _____

DATES OF PREVIOUS SEPARATIONS/RECONCILIATIONS (BE SPECIFIC):

HAS THE DIVORCE PETITION BEEN FILED? YES NO (IF YES, BY WHOM)

HAVE YOU BEEN MARRIED/COMMON-LAW BEFORE? YES NO

IF YES, DATES OF PREVIOUS MARRIAGE(S) AND DIVORCE(S): _____



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CHILDREN: (Indicate from which marriage. Put * by child(ren) relevant to this process.)

NAME AGE SEX D.O.B. RESIDING WITH GRADE SCHOOL

CURRENT LEGAL CUSTODY (pertaining to major decisions) BY SEPARATION
AGREEMENT OR COURT ORDER (Please supply copy of Parenting Plan and/or Order)

CURRENT PARENTING TIME SCHEDULE: _____

CURRENT CHILD SUPPORT ARRANGEMENTS _____

RECENT MAJOR LIFE EVENTS -- POSITIVE AND NEGATIVE? (EG., LOSSES, ACCIDENTS, CHANGE
OF EMPLOYMENT, BIRTH OF CHILD, MARRIAGE, ETC.(PLEASE LIST AND THESE WILL BE
DISCUSSED ON AN INDIVIDUAL BASIS.)

WHAT ARE THE CURRENT ISSUES AND IMPLEMENTATION PROBLEMS?

WHAT DO YOU AND THE OTHER PARENT DO BEST AS PARENTS?



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WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT PARENTING?

WHAT ARE YOUR HOPES/GOALS FOR PARENTING IN THE FUTURE?

WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?

WHAT ARE YOUR SIGNIFICANT HOPES/GOALS FOR YOUR RELATIONSHIP WITH THE OTHER PARENT?

ARE YOU ABLE TO DISCUSS FAMILY ISSUES OPENLY WITH EACH OTHER? YES NO

COMMENTS REGARDING WHETHER OR NOT YOU AND THE OTHER PARENT ARE ABLE TO MAKE DECISIONS COOPERATIVELY ABOUT THE CHILDREN:

HAVE THE CHILDREN WITNESSED ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE? GIVE SPECIFICS ON THE ABOVE



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HAVE THERE BEEN ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE AGAINST THE CHILD(REN)? IF YES, GIVE SPECIFICS.

DURING THE RELATIONSHIP WITH THE OTHER PARENT, IMPORTANT DECISIONS WERE MADE ABOUT:

BY OTHER PARENT BY ME JOINTLY

- A) Household Finances
- B) Purchases of Family Property
- C) Children's Education
- D) Children Health Care
- E) Children's Religious Training
- F) Children's Extra Curricular Activities

HAVE THERE BEEN ANY INCIDENTS OF VERBAL AND/OR EMOTIONAL ABUSE?

YES NO

IN THE PAST SIX MONTHS?

YES NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

HAVE THERE BEEN ANY INCIDENTS OF SPOUSAL VIOLENCE?

YES NO

IN THE PAST SIX MONTHS?

YES NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

GIVE SPECIFICS ON THE ABOVE:



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ARE YOU FEARFUL OF THE OTHER PARENT FOR ANY REASON?

HAS THE OTHER PARENT EVER THREATENED TO HURT YOU IN ANY WAY?

HAS THE OTHER PARENT EVER HIT YOU OR USED ANY OTHER TYPE OF PHYSICAL FORCE TOWARDS YOU?

HAS THE OTHER PARENT EMOTIONALLY OR SEXUALLY ABUSED YOU?

HAVE YOU OR THE OTHER PARENT ABUSED ALCOHOL OR DRUGS?

HAVE YOU EVER CALLED THE POLICE, REQUESTED A PROTECTION ORDER, OR SOUGHT HELP FOR YOURSELF AS A RESULT OF ABUSE BY THE OTHER PARENT?

HAS THE OTHER PARENT EVER THREATENED TO DENY YOU ACCESS TO YOUR CHILDREN?

DO YOU HAVE ANY CONCERNS ABOUT THE CHILDREN'S EMOTIONAL OR PHYSICAL SAFETY WITH YOU OR THE OTHER PARENT?

WHAT WOULD YOU SAY ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?

Excellent _____ Good _____ Fair _____ Poor _____ Couldn't be worse _____



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WHAT EFFECT DO YOU THINK THIS RELATIONSHIP HAS ON THE CHILDREN?

A great deal _____ Some _____ A little _____ None at all _____

WHAT DO YOU THINK IT WOULD TAKE TO IMPROVE THIS SITUATION?

PRESENT USE OF ALCOHOL (INCLUDING BEER, WINE, LIQUOR)

Daily _____ Once or twice a week _____ Once or twice a month _____ None _____

HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL RELATED CRIME? _____

HAVE YOU EVER UNDERGONE TREATMENT FOR SUBSTANCE ABUSE? _____

IF YES, PLEASE INDICATE WHEN _____.

PLEASE RATE THE EFFECTIVENESS OF THIS TREATMENT:

Very effective _____ Helpful _____ Waste of time _____

ARE YOU NOW OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE? _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A RESTRAINING ORDER FILED AGAINST YOU? _____

IS THERE A RESTRAINING ORDER IN EFFECT RIGHT NOW THAT YOU ARE INVOLVED IN?



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HAVE YOU OR THE OTHER PARENT PARTICIPATED IN DOMESTIC VIOLENCE CLASSES, BATTERER'S INTERVENTION, ANGER MANAGEMENT? _____

WHEN AND WHERE? _____

IF YES, PLEASE RATE THE EFFECTIVENESS OF THESE CLASSES IN ELIMINATING ABUSIVE BEHAVIOUR.

Very effective _____ Helpful _____ Waste of time _____

HAVE THERE EVER BEEN CHARGES FILED AGAINST YOU FOR PHYSICAL ASSAULT, BATTERY, DOMESTIC VIOLENCE OR STALKING? _____

SPECIFICALLY, WHAT CAN YOU DO TO BRING OUT THE BEST IN THE OTHER PARENT? _____

DISCUSS ANY ADDITIONAL CONCERNS: _____

PAST/PRESENT COLLATERAL SOURCES (e.g., SOCIAL WORKERS, PSYCHOLOGISTS, PEDIATRICIANS):

SOURCE/CONTACT	FULL ADDRESS (POSTAL CODE)	PHONE	DATES

IN CASE OF AN EMERGENCY WHO SHOULD BE NOTIFIED? _____



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SCREENING QUESTIONNAIRE FOR PARENT COORDINATION SERVICES

Name: _____

What year did you marry? _____ Separate? _____ Divorce? _____

Please list the names, ages, and dates of birth of your children:

NAME	AGE	DOB

1. Please rate your current relationship with your child(ren)'s other parent, check one:

Hostile/Frightening _____ Bitter/Angry _____ Distant/Cold _____
Polite/Respectful _____ Friendly _____

2. Please check all the issues, events, or situations which cause problems when you and the child(ren)'s other parent share parenting responsibilities:

___ who pays for what	___ putting children's needs first
___ pick up/drop-off times	___ making decisions about school
___ different standards (e.g. cleanliness, dress)	___ buying necessities for children
___ discipline	___ buying gifts for children
___ curfew	___ vacation time
	___ stepparent or live-in lover

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- | | |
|--|--|
| ___ school performance | ___ wanting more flexibility |
| ___ last minute changes in schedule | ___ wanting more structure |
| ___ relationships with in-laws (grandparents) | ___ attendance at school functions (conferences, plays, games) |
| ___ your ex's personal habits (e.g. drinking, cursing) | ___ activities in which your ex involves the children |
| ___ religious difference | ___ crisis management (e.g. the child has a problem) |
| ___ different ideas about Medical treatment for children | ___ division of parenting time |
| ___ things that bothered you when you were married | ___ your ex's dating habits |
| ___ different ideas re: diet and exercise for child(ren) | |

3. I respect the mother/father of my child(ren) as a parent:

Never	Rarely	Sometimes	Usually	Always

4. If I don't agree with my child(ren)'s other parent's approach to child rearing, I can accept that we are different and still support him/her:

Never	Rarely	Sometimes	Usually	Always

5. I restrain myself from talking badly about my child(ren)'s other parent in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

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6. I believe my child(ren)'s other parent restrains him or herself from speaking badly about me in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

7. I discuss with my child(ren)'s other parent issues which are relevant to the child(ren) (i.e. medical, educational, extracurricular activities, sports activities, family events, awards, etc.):

Never	Rarely	Sometimes	Usually	Always

8. My child(ren)'s other parent is willing to discuss with me any issues which are relevant to the child(ren):

Never	Rarely	Sometimes	Usually	Always

9. I think it is important for my child(ren) to maintain regular contact with their other parent and his/her family (grandparents) no matter what I think of them:

Never	Rarely	Sometimes	Usually	Always

10. I believe my child(ren)'s other parent feels it is important for my child(ren) to maintain regular contact with me and my extended family no matter what she/he think of us:

Never	Rarely	Sometimes	Usually	Always

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I would be interested in the following services:

☐ Parent Coordinator

☐ Social Investigation and Parenting Plan
Recommendation

☐ Parent Education

☐ Personal/Family Therapy

☐ Mediation

☐ Evaluation to assess needs of child(ren)

SCORING CRITERIA

1. **For item #1:** if either of the first two choices are marked (hostile/frightening or bitter/angry), services are recommended.
2. **For item #2:** if eight or more items are checked, then services are recommended.
3. If never, rarely, or sometimes is checked for any of items 5 through 10, then services are recommended.
4. Any other services requested at the end of the questionnaire may also be recommended.

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