



Mesha L. Ellis, Ph.D.

Licensed Clinical Psychologist

AASECT Certified Sex Therapist

California . Georgia . Nevada . Tennessee

CA: PSY20263

GA: PSY003274

NV: PY0990

TN: P0000002777

STANDARD APPOINTMENT AGREEMENT FOR INDIVIDUAL THERAPY BY A MENTAL HEALTH PROFESSIONAL

It is hereby agreed by and between:

_____ **and** _____
(parent) (parent)

that Dr. Mesha Ellis is hereby appointed to conduct individual therapy with their minor child(ren) listed below.

_____, age _____

_____, age _____

_____, age _____.

The parents have agreed to meet once for 60-120 minutes (or as many times as Dr. Ellis deems necessary), individually with Dr. Ellis for intake. During these separate intake sessions with each parent, Dr. Ellis will gather a history and treatment goals will be discussed. Once these intake sessions have been completed, Dr. Ellis will begin individual therapy with your child(ren).

During the intake process described above, Dr. Ellis may request or be asked to speak with collaterals as well as to review paperwork/reports. Dr. Ellis will charge for her time, at her regular hourly rate to speak with collaterals (with both parents' consent) and to review paperwork. The time spent reviewing documents will be deducted from the retainer regardless of which parent, or parent(s)'s representative has asked for the documents to be reviewed. Dr. Ellis will inform both parents by email as to the names of the documents she has been asked to review before proceeding. If the parents are not in agreement for her to review any such documents, Dr. Ellis will not review the documents under dispute until the parents have both consented to the review. If Dr. Ellis feels strongly that she should review certain documents or requests certain documents to review, it is expected that both parents give strong consideration to allowing her review of these specific documents. Any prior agreements, stipulations, court orders or evaluation reports regarding therapy shall be provided to Dr. Ellis.

2790 Skypark Drive
Suite 307
Torrance, CA 90505
Telephone: 424.206.6124
Fax: 678.321.1970

mellis@ellisevaluations.com
www.ellisevaluationservices.com

ROLE AND AUTHORITY OF THE THERAPIST

Since Dr. Ellis will be acting within the role of treating individual therapist for their child(ren) and will not be taking on the role of evaluator, she will not be making decisions regarding the children's time with each parent and/or legal decision-making. Rather, and if applicable, she will be assisting to implement the previously agreed to and/or court ordered parenting plan.

RESPONSIBILITY OF THE PARENTS

Both parents will overtly support the therapy, and the therapist, to the children. This includes respecting the children's right *not* to discuss the sessions they have had with Dr. Ellis. To this end, the parents will not ask the child(ren) for information about their therapy sessions.

Neither parent will ask to meet with Dr. Ellis or to join in the individual sessions with their child(ren). Either parent may email Dr. Ellis to request a phone, zoom or in person meeting and she will make every effort to coordinate such a meeting as soon as possible. These meetings in person or by zoom will always include both parents. In the event that there are safety issues/concerns, one parent may participate digitally while the other parent is live in the session or the meeting may take place digitally. Dr. Ellis will charge her customary fee for these parent meetings.

Although Dr. Ellis will make her best efforts to schedule therapy sessions around adults' schedules, child(ren)'s schooling activities and the custody schedule, the parties shall make a good faith effort to make those persons available as requested and not to schedule desirable activities during session times in which the child(ren) may feel they miss out or have been excluded.

Unless there is a specific written agreement or court order to the contrary, the parties acknowledge that information disclosed by either parent to Dr. Ellis in written form, electronically, by fax, by voice mail or during individual sessions will be shared with the other parent at Dr. Ellis's discretion.

ACCESS TO INFORMATION AND COMMUNICATION WITH THIRD PARTIES

Dr. Ellis shall be permitted to communicate with attorneys regarding this case with the restriction that communication with the parties' attorneys take place only in a simultaneous conference call or joint meeting.

Dr. Ellis will use electronic communication with parents. The parents acknowledge the possibility of misdirected electronic communication if it is used. The parents are expected to include, ("cc"), the other parent on any and all electronic communication sent to Dr. Ellis. If electronic communication is sent without including the other parent, Dr. Ellis will forward the communication immediately to the other parent. Dr. Ellis will always include both parents on emails she sends. Dr. Ellis will not initiate or respond to unilateral parent communication by telephone.

From time to time, the interests of the children will be best served by the engagement of additional professionals. For example, Dr. Ellis may make recommendations and referrals for therapists, as needed for the parents, children and extended family who are involved in the process.

FEES

Dr. Ellis's fee is \$250.00 per 50 minute session. There shall be an estimated fee deposit/retainer in this case of \$2,500.00 to be paid prior to the beginning of any therapy sessions. The cost of the therapy sessions shall be paid by cashier's check, credit card, or debit card as follows (check one):

Parties will split the cost of all sessions,

_____ % by Mother; _____ % by Father.

Each party will pay separately for sessions that each party attends individually and split the cost of conjoint co-parent sessions.

_____ % by Mother; _____ % by Father.

Other (define method)

Professional fees (\$250.00 per hour) will be charged for all direct sessions and additional services including but not limited to any travel time, phone calls, zoom/face time meetings, writing or review of documents/reports/pleadings, memos made to the chart, communication with the parents, attorneys, evaluators, collaterals, or the court.

Any cancellation of sessions must be made at least 24 hours (1 business day) in advance. Sessions canceled less than 24 hours in advance will be charged at full fee to the party making the cancellation.

Dr. Ellis will inform the parents when the retainer is low and requires replenishment. If there are outstanding fees owed to Dr. Ellis by either party 24 hours prior to a scheduled session, she may cancel the scheduled session and not reschedule the session until all outstanding fees are paid and the retainer has been fully replenished.

If Dr. Ellis is deposed or called to testify in court on any issue regarding the therapy, she must receive payment seven (7) office days in advance to schedule her testimony time (a minimum of a half-day with no on-call whether digitally or in person), and she will be paid her hourly court fee for the testimony time plus preparation, copying of records and travel time needed for testimony. If one parent does not waive privilege and therefore does not give permission for Dr. Ellis to disclose information regarding their child(ren)'s therapy, Dr. Ellis will still require full payment (7) office days in advance, will appear as required by the subpoena and will assert the privilege on said parent's behalf.

DISCONTINUATION OF SERVICES

Neither parent may unilaterally withdraw from this Agreement. With their joint consent in writing, both parents may terminate this Agreement. Dr. Ellis may resign any time she determines her resignation to be in the best interests of the child(ren). She will give 4-weeks' notice and names of appropriate therapist referrals.

2790 Skypark Drive
Suite 307
Torrance, CA 90505
Telephone: 424.206.6124
Fax: 678.321.1970

mellis@ellisevaluations.com
www.ellisevaluationservices.com

IT IS SO AGREED.

Mother:

Print name	Signature	Date
------------	-----------	------

Attorney for Mother (if applicable):

Print name	Signature	Date
------------	-----------	------

Father:

Print name	Signature	Date
------------	-----------	------

Attorney for Father (if applicable):

Print name	Signature	Date
------------	-----------	------

Attorney for the minor(s) (if applicable):

Print name	Signature	Date
------------	-----------	------

Mesha Ellis, Ph.D.

Date