



**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 ORDER FOR PARENT-CHILD TREATMENT BY A MENTAL HEALTH PROFESSIONAL**

It is hereby agreed by the parents:

\_\_\_\_\_ and \_\_\_\_\_  
(parent) (parent)

that it is in the child(ren)'s best interests to have meaningful relationships with both parents. The parents have agreed to engage the services of Dr. Mesha Ellis to provide conjoint therapy between

\_\_\_\_\_ and the child(ren),

\_\_\_\_\_, age \_\_\_\_\_

\_\_\_\_\_, age \_\_\_\_\_

\_\_\_\_\_, age \_\_\_\_\_.

The process will include meetings between Dr. Ellis and each of the parents and the child(ren) individually as directed by her. The process may include interviews and/or meetings with other family members as deemed necessary by Dr. Ellis.

Dr. Ellis will not be making recommendations or decisions regarding visitation, custody and/or legal decision-making.

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 or parenting time with the other parent.

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

It is understood that during sessions, there will be no interruptions or distractions to the therapy. It is also understood that Dr. Ellis will only meet with the individual(s) she has chosen to include in each session. Other family members are not to ask Dr. Ellis to engage with them in any impromptu discussions regarding the case. It is the parent(s)' responsibility to contact Dr. Ellis electronically, including ("cc-ing") the other parent in order to formally schedule a time to share information/concerns or discuss any topics with both Dr. Ellis and the other parent.

Dr. Ellis will first meet with each parent individually for one 60-90-minute session to gather information, obtain consent for treatment and to formulate treatment goals. Dr. Ellis will then meet with the child(ren) individually. She will then proceed to conduct sessions with the child, parents separately, and/or together for as many sessions as Dr. Ellis deems appropriate to properly assess readiness, to determine whether conjoint sessions are appropriate at this time and if appropriate, to prepare family members for conjoint sessions.

Dr. Ellis shall determine which persons should be present in any and all therapy sessions. 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 parents 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 parents 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' discretion.

## **REPORTS TO THE COURT AND/OR EVALUATORS**

Dr. Ellis shall release information directly to the court and/or custody evaluators in the following manner (check which one applies):

Dr. Ellis shall not make a direct report to the court about any information and the customary and usual limits of confidentiality for counseling or psychotherapy shall apply. If the parents later waive their psychotherapist-patient privilege for a child custody evaluation, and with the permission of Minor's(s') Counsel, Dr. Ellis may release information from the therapy to an evaluator.

Dr. Ellis shall not make a direct report to the court, and she shall not disclose information to an evaluator if there is a future child custody evaluation. The therapy is to be considered completely confidential and not used for any purpose in litigation of child custody.

Dr. Ellis shall make a direct report to the court only about attendance (dates of sessions for each parent and the child or children attended, cancelled, and did not appear) and payment of fees (by each parent). The parents agree that this authorization for Dr. Ellis to communicate with the court shall be deemed to apply only for the limited purpose of reporting about parents' and child(ren)'s attendance and payment of fees and for no other purpose and does not constitute a waiver of the psychotherapist-

patient privilege. If the parents later waive their psychotherapist-patient privilege for a child custody evaluation, and with the permission of Minor's Counsel, Dr. Ellis may release information from the therapy to an evaluator.

[ ] Dr. Ellis shall make a direct report to the court as defined below:

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### **ACCESS TO INFORMATION AND COMMUNICATION WITH THIRD PARTIES**

Dr. Ellis shall be permitted to communicate with the parents' attorneys regarding this case with both parents' consent and with the restriction that communication with the parents' attorneys take place only in a simultaneous conference call or joint meeting. Dr. Ellis shall be permitted to communicate with Minor'(s') Counsel at any time.

Dr. Ellis may choose to contact any other professionals involved with the family to both release and receive information in order to aid the therapy process. Toward this end, the parents will sign all releases of information required to implement the process. The parents shall provide all records, documentation, and information requested by Dr. Ellis as soon as possible upon request.

These releases are not intended to result in a waiver of the psychotherapist-patient privilege or the fundamental rights of privacy of the individual giving such consent with regard to any communications with any such mental health professional, and the parents agree that these authorizations for Dr. Ellis to communicate with other collaterals shall be deemed to apply only to the limited purpose of using any such information to aid the therapy and for no other purpose.

Dr. Ellis will not initiate or respond to communication by telephone. Instead, she 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.

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

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## FEES

Dr. Ellis's fee is \$250.00 per 50-minute hour. There shall be a 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, debit card and as follows (check one):

Parents will split the cost of all sessions,

\_\_\_\_\_ % by Mother; \_\_\_\_\_ % by Father.

Each parent will pay for separately for sessions that each parent attends and split the cost of sessions with the child(ren),

\_\_\_\_\_ % by Mother; \_\_\_\_\_ % by Father.

Other (define method)

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If either parent requests that Dr. Ellis review specific materials (including but not limited to documents, video, audio, etc.) she will proceed only if both parents agree and acknowledge that they will be charged for her time (at \$250.00 per 50 minutes) to review said materials.

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 parent making the cancellation.

Dr. Ellis will inform the co-parents when the retainer is low and requires replenishment. If there are outstanding fees owed to Dr. Ellis by either parent 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 this case, 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), and she will be paid her customary hourly fee for the testimony time plus preparation and travel time needed for testimony.

## 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 the resignation to be in the best interests of the family and will make a referral to another therapist after giving 2-weeks' notice.

**IT IS SO AGREED.**

Mother:

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Print name	Signature	Date
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Attorney for Mother:

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Print name	Signature	Date
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Father:

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Print name	Signature	Date
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Attorney for Father:

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Print name	Signature	Date
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Attorney for Child(ren)/Minor's(s') Counsel:

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Print name	Signature	Date
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Mesha Ellis, Ph.D.:

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Signature	Date
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