

Change Your Life Counseling, LLC.
Associate Counselor: Caitlin Vaughan, MA LAC NJDRCC
License # 37AC00089200
49 High Street
Newton, NJ 07860
908-447-6129

Separated/Divorced Parents' Agreement Form

I have brought my child _____, age _____, to Caitlin Vaughan, MA LAC NJDRCC, for evaluation and/or treatment. I understand that my child is Ms. Vaughan's patient – not me, any other sibling, or my spouse. This is true no matter who pays Ms. Vaughan for the evaluation/treatment of my child.

I understand that Ms. Vaughan's primary responsibility is my child's best interest and that Ms. Vaughan may decide to involve me in my child's evaluation/treatment at her sole discretion. I understand that if payment is not received promptly for services rendered by Ms. Vaughan to my child, the services may be suspended or terminated at Ms. Vaughan sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Ms. Vaughan is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that Ms. Vaughan may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her sole discretion. Ms. Vaughan may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child.

I have read the above paragraphs and understand them. By signing below, I agree to the above.

Date _____

Date _____

Date _____

Date _____