

Melanie Mulligan, Psy.D.

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Separated/Divorced Parents' Agreement Form

I have brought my child _____, age _____, to Melanie Mulligan, Psy.D., for evaluation and/or treatment. I understand that Dr. Mulligan's patient is my child – not me, any other sibling, or my spouse. This is true no matter who pays Dr. Mulligan for the evaluation/treatment of my child.

I understand that Dr. Mulligan's primary responsibility is my child's best interest and that Dr. Mulligan 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 Dr. Mulligan to my child, the services may be suspended or terminated at Dr. Mulligan's sole discretion, pursuant to the ethical guidelines governing psychological care. I understand that Dr. Mulligan 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 Dr. Mulligan 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. Dr. Mulligan 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.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Therapist Signature _____ Date _____