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PRACTICE IN CLINICAL CHILD, CONSULTING AND FORENSIC PSYCHOLOGY

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Mr. Smith
Address

Ms. Smith
Address

Dear Mr. Smith and Ms. Smith

I am writing to clarify the conditions under which we will work together:

1. Our first meeting is scheduled for XXX in my Harris Pond office. That meeting will end at XXX. The purpose of this meeting is to decide if and how we might proceed from that point forward.
2. If we decide that we can work together, I am likely to recommend that we schedule between three and five joint meetings to be held approximately every second week. At the conclusion of this series of meetings, it may be useful to allow me to write a summary of our work together including recommendations for any future meetings.
3. The cost of this meeting and any subsequent clinical meetings will be XXX, due in full at the time of service. Typically each of you will be responsible for half of all costs. Please clarify any concerns about expenses and payments with the Guardian ad litem and/or your respective counsel in advance of our meeting.
4. My responsibility will be to conduct co-parenting interventions in your children's best interests. As such, I will only meet with the two of you jointly unless specific circumstances mandate otherwise. Our meetings will start once both of you are present at the agreed upon time.
5. I require a minimum of twenty-four hours' advanced notice of any cancellation. If either of you have reason to cancel a planned meeting, it will become your responsibility to see that the other is properly informed and that a subsequent meeting is scheduled.
6. Except in cases of illness or severe weather, any meeting cancelled with less than twenty four hours notice will incur the full fee for the assigned time. I expect that the individual who fails to arrive or who abruptly cancels a meeting is responsible for the full fee.
7. This type of court-mandated intervention is not typical eligible for insurance reimbursement. However, if you do decide to submit these costs for reimbursement, please be advised that my record is presently established in Ms. Smith's name, that the procedure code (CPT) will be billed as 90899 ("Unlisted Psychological Service")

and that the diagnosis code will be V71.09 (“No Diagnosis on Axis I”). To learn more about these details, please visit my website at www.healthyparent.com.

8. I will serve only as your children’s advocate. I will not be advocate to either of you individually. I will not be in a position to determine which of you is telling the truth and, for this reason, I will discourage you from trying to convince me that you are good and the children’s other parent is bad. I ask that in every instance you each put aside your differences in recognition that all such differences actively hurt your children.
- 9. By participating in these meetings, you are granting me permission to exchange any and all relevant information with concerned parties at my discretion, including, but not limited to the Guardian ad litem and each of your attorneys.**
10. I welcome receipt of any and all relevant paperwork at any time.
11. I resist all efforts to bring our mutual work before the court. I find that courts too often misconstrue and antagonize what is an already dysfunctional relationship. Nonetheless, I do recognize that these matters often end up in court. Please be advised that my fee for all court-related matters including deposition, travel to and from and appearance in court is XXX per hour. Should I be called to court, I will request a retainer in advance of my appearance.

Please take the time to review these terms with your counsel. Upon agreement, please sign, date and return a copy of this letter at the time of our first meeting.

I very much look forward to working together in your children’s best interests. I am,

Respectfully,

Benjamin D. Garber, Ph.D.

Cc: Guardian ad litem