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ellie FAMILY
SERVICES

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Reunification Therapy at Ellie Family Services

Thank you for your interest in Reunification Therapy services with Ellie Family Services. Our staff understands that this may be a time of stress and uncertainty for your family and we want you to feel confident in the support you are receiving from the Ellie Family Services team. It is our hope that the following document will answer any outstanding questions you may have regarding Reunification Therapy and the protocol followed at this agency.

Please note, this document contains important information about the professional services and business policies of Ellie Family Services. It is imperative that you review them carefully and have any outstanding questions answered before signing this document. When you sign this document, it will represent an agreement between Ellie Family Services and your family and will be attached to your electronic medical record. This agreement may be revoked in writing at any time. Such a revocation will be binding on Ellie Family Services unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred. In this agreement, you/your family will be referred to as “the client(s)” and the Reunification Therapist(s) as “the provider(s).”

Description of Reunification Therapy

Reunification Therapy may be recommended to a family experiencing a season of difficult transition in which a child or children may be estranged from or has not had regular contact with a parent, guardian, or other significant adult figure. Reunification Therapy can be helpful in assessing and addressing the barriers to a healthy relationship between the estranged parties. Reunification Therapy involves working with the entire family to bring functioning and balance back to the family system after periods of high conflict or transition. The primary goal of Reunification Therapy is to re-establish a healthy relationship between the estranged parties. It is the hope that once Reunification Therapy concludes, the family will be able to independently use the skills learned in therapy to navigate future conflicts and transitions with ease.

Reunification Therapy differs from a medical doctor visit in that it requires active participation and work from all parties involved. Reunification Therapy can be a challenging process for families, as family members often have varying perspectives of a conflict or event. However, the ease and success of Reunification Therapy can be increased if all parties involved are engaged, honest, and forthcoming with their emotions, perceptions, and experiences, as well as open to hearing the perceptions of others and feedback from the provider. All parents who have or want to have a significant role in the life of the child are required to participate in the Reunification Therapy, as co-parenting education is a significant aspect of Reunification Therapy.

The rigor of Reunification Therapy has both benefits and risks. Reunification Therapy will almost certainly involve discussing unpleasant memories or events and processing difficult emotions, such as sadness, anger, frustration, guilt, or insecurity. Reunification Therapy can be particularly difficult for parents, as the therapeutic process requires that each parent put aside any hurt feelings, old conflict, or manipulation to work towards what is best for the joint child or children. It would not be appropriate to view Reunification Therapy as time to be used to convince the provider of who is right, wrong, or the best parent. Rather, parents should strive for a relationship where their joint child(ren) feel free to build a healthy relationship with both parents without threat of interference or negative influence.

When successful, Reunification Therapy results in healthier relationships, reduced conflict, and lower stress parenting. However, there are no guarantees in this process and much of the outcome will be dependent on the work that the family is willing to put in. Families should be fully aware that Reunification Therapy does not always end in the reunification of the estranged party with their child or children. Goals and progress are continually assessed by the provider and if progress appears unlikely for any reason, the provider may terminate services and refer for alternative services. Such alternative services include, but are not limited to, support groups, domestic violence treatment, chemical dependency treatment, group therapy, or individual therapy. It should be noted that these services may be recommended by the provider to be completed before Reunification Therapy begins or to coincide with Reunification Therapy. In this event, the provider will direct the family to appropriate referrals.

At Ellie Family Services, even though others besides the child(ren) may also be clients in Reunification Therapy, providers are committed to addressing each case from a child-centered perspective. It is expected that parents, guardians, and other caregivers involved will commit to this perspective as well. All efforts will be made to proceed at an appropriate pace for the child(ren), which is different for each child. This does not mean that it is exclusively at the child or children's discretion to choose when contact with the estranged parent will resume. It is not uncommon for children to be fearful, apprehensive, or uncertain about reunification after an extended estrangement, but children can expect to process these difficult feelings as a part of therapy. This process in and of itself may be uncomfortable, but providers will make their best efforts to prepare children for these challenges and assess for their emotional preparedness. It will ultimately be at the provider's discretion to decide if the child(ren) are psychologically prepared to reunite with their estranged parent.

The Role of the Reunification Therapist

The relationship between the Reunification Therapist and the family participating in therapy is considered a professional one where the therapist is considered the "provider" and the family is considered the "client." While the providers at Ellie Family Services care deeply for their clients and work hard to provide high quality care, this relationship should not be considered personal or that of a friendship. Per the code of ethics for all of the providers of Ellie Family Services, it would cross professional boundaries to interact with clients on social media or in the

community in the context of a personal relationship. Even after the termination of therapy services, it would be considered unethical to have a personal relationship with a client.

The provider should not be confused with Custody Evaluators, Parenting Time Expeditors, or Parent Consultants or other 3rd party mental health providers. Therefore, providers do not evaluate or make recommendations for parenting time, custody arrangements, or other similar legal matters, as this would be outside of their scope of practice. Providers are only qualified to make therapeutic recommendations pertaining to the Reunification Therapy process. Ellie Family Services providers prefer not to testify in court regarding the reunification process. Testifying jeopardizes the confidential nature of the therapeutic relationship and is costly to the client, as court appearances are not billable to insurance. Should the provider be called to testify in court regarding the reunification process, providers will be able to provide factual information only (e.g., dates of service, presenting issues, observations, diagnostic impressions, and course of therapy). They will not be able to testify as “expert” or “forensic” witnesses, and they will not be able to offer opinions, evaluations or assessments related to the reunification process.

Insurance and Fees

Reunification Therapy services may be billable to a client’s insurance in some circumstances. When a member of the family participating in Reunification Therapy is experiencing psychological symptoms, such as anxiety or depression, reunification is considered an effective intervention used to alleviate such symptoms. In such cases, it may be possible to bill an insurer for that specific service using an appropriate diagnostic code. At the time of intake, the provider will help the client determine if services can be billed to health insurance provider.

If the reunification services can be billed to an insurer, clients should be aware that contracts with health insurance providers require that Ellie Family Services provide the insurance company with information relevant to the services provided. Ellie Family Services may be required to provide a clinical diagnosis for which services are billed. Insurance providers may also request additional information including, but not limited to treatment plans, treatment summaries, or copies of the entire clinical record. In these situations, every effort is made to provide only the minimum information needed for the purpose requested. By signing this agreement, the client agrees that Ellie Family Services may provide requested information to the health insurance carrier being billed. Please note, young children (under the age of 13) in particular may not qualify for a mental health diagnosis and therefore, their sessions will likely need to be paid for out of pocket from the deposit.

It is the client’s responsibility to be aware of their coverage benefits and limitations and to confirm if Ellie Family Services is an in-network or out-of-network provider. The client is responsible for paying for any services not covered by insurance, deductibles, and/or co-payments. Fees and billing codes associated with Reunification Therapy are listed below and are per hour.

- Intake (90791) 225.00
- Individual Therapy (90837) 175.00
- Family Therapy (90846 / 90847)..... 180.00
- Court Fees (Not billable to insurance) 250.00
- Administrative Work (Not billable to insurance) 180.00

An initial deposit of \$_____ is required to be on file before beginning therapy services. Ellie Family Services accepts cash, checks, and major credit card payments. It is up to the parents/guardians to be aware of any financial agreements or order that may affect how this deposit is covered or, if no agreements or order exists, it will be up to the parents/guardians to determine how this deposit will be covered. Checks should be made out to Ellie Family Services. Please note, there is a \$30.00 fee for all returned checks.

Funds from the deposit will be held in reserve to secure any fees not covered by insurance if insurance is billed. If insurance is not billed, the deposit will cover the cost of all sessions and associated fees. Administrative work is billed at the previously listed rate and is not billable to insurance. Examples of administrative work include, but are not limited to, all phone calls related to the case, reading and reviewing relevant documents, drafting correspondence, consultations with other providers involved in the case. Please note, Ellie Family Services, does not consider documentation completed for the purposes of billing insurance, such as diagnostic assessments, treatment plans, or case notes, to be billed as administrative work. This is expected to be covered under normal reimbursement from the insurance provider. The services that are billed to the deposit are those for which there is not a billable code and insurance would not reimburse.

If your account has not been paid for more than 60 days, Ellie Family Services reserves the option of using legal means to secure payment for services. This may involve utilizing a collection agency or going through small claims court, which would require us to divulge otherwise confidential information. In typical collections situations, the only information released would be the client’s name, the nature of services provided, and the amount of money due. If legal action becomes necessary, attorney’s fees and costs incurred to pursue the claim will be included in the claim.

Attendance Policies

Therapeutic outcomes are partially based on consistent client attendance, so it is imperative that clients schedule all appointments promptly and attend all scheduled appointments. If a cancellation occurs, it is requested that the client attempt to reschedule the cancelled appointment within the same week. A 24 hour notice is requested for all cancellations. Any late cancellation or no-show for an appointment may incur a charge, billed from the client’s deposit. Ellie Family Services recognizes that illness, emergencies, and other unforeseen circumstances may cause a client to cancel an appointment with less than 24 hours’ notice. In these instances, it is requested that every effort be made to notify the provider of the cancellation and reschedule missed appointments. In the event that appointments are cancelled or missed with

regularity (three or more missed appointments in a row), the provider reserves the right to terminate treatment.

Termination of Therapy

Clients may terminate therapy services at any time. Should a client decide to terminate therapy, it is requested that notification be given to the provider and that a final appointment be scheduled to debrief therapy.

The provider may also terminate services at any time if, in the provider's judgment, the services are no longer necessary and/or effective, or if the provider determines that she/he is no longer willing or able to provide the services. In the event that the provider makes that determination, she/he will provide notice of termination offer assistance in finding another provider.

It is the policy of Ellie Family Services that if three scheduled appointments are missed in a row without informing the provider, he/she will begin the process of terminating therapy. Providers will make an effort to contact the client regarding missed appointments, but it is expected that clients will arrive promptly for all scheduled appointments or inform the provider of the need to cancel with 24 hours' notice.

In the event that the provider is unexpectedly unavailable to continue therapy at Ellie Family Services, clients will be given the following options:

1. If the provider has moved to different employment and she/he is able to continue providing services to the client at the new employment setting, clients have the option to transition services to the new location.
2. If the client would like to continue services with Ellie Family Services, the team will prioritize scheduling a new intake appointment with an alternative provider. The provider will make every effort to ensure a smooth continuation of care.
3. If the client would prefer to discontinue services with Ellie Family Services or if we are unable to accommodate a new provider, the Ellie Family Services team will provide referral options and resources as needed and as available.

It is important to reiterate that Reunification Therapy can involve a large commitment of time, money, energy, and mental stamina. Families considering engaging in Reunification Therapy should feel confident that they are willing to take on the challenge-with the help and guidance of the Reunification Therapist. If questions or concerns about any aspect of the reunification process arise, these should be discussed immediately. If concerns persist, your Reunification Therapist will be happy to provide you with outside referrals.

Reunification/Rebalancing Protocol

At Ellie Family Services, we utilize a standard model of Reunification Therapy that has been shown to be effective with families navigating high conflict and complicated clinical issues. This

protocol is structured to allow all parties to understand expectations for frequency of services, attendance, and content of sessions.

Depending on the circumstances that bring your family to Reunification Therapy, Ellie Family Services may recommend that two therapists be involved and working together in the process. One therapist would meet with the children, while the other meets with the parents. A team approach allows children to feel confident in sharing their concerns and needs with a therapist who is not in the role of provider for their parents as well. This helps therapists maintain neutrality and a focus on the needs of the child by eliminating the possibility of lobbying by parents. This approach also allows the therapist meeting with the parents to target co-parenting concerns or issues outside of the family that may be affecting the reunification process, such as employment, health, or education concerns. When the two-provider model is utilized, therapists will collaborate and consult with one another between sessions to coordinate the actions that will most benefit the family.

Each family is unique and flexibility is required in the therapeutic process. With that in mind, listed below is the typical protocol for engaging in Reunification/Rebalancing Therapy.

1. Referral
 - a. Clients are typically referred for therapy by an outside party, such as a lawyer. Referral sources should provide the names, contact information, and basic history of all individuals involved in the therapeutic process.
 - b. If a client is self-referring for therapy, they will need to provide the information listed under heading 1.a and additional contact information for their lawyer.
2. Screening
 - a. Even if a client has been referred by a lawyer or has been court ordered to engage in therapy, the provider will engage in a screening process to assure that the referred for family is appropriate for services.
 - b. To complete the screening, the provider will review all documents relevant to the case. This includes, but is not limited to, divorce proceedings, court orders, criminal history, and other collateral documentation that will help the provider screen the case.
 - c. Additionally, the provider will contact attorneys, neutrals, individual therapists, and other professionals to gather additional information related to the screening.
 - d. Please note, if it is found later in therapy that pertinent information or documents has been purposefully withheld, therapy may be terminated.
3. Intake(s):
 - a. Once a family has been approved to begin therapy, an initial intake will be completed with the custodial parent/guardian. The provider will review the typical protocol of Reunification Therapy. This parent will give consent for the child or children to participate in therapy and sign releases of information for all relevant current and past providers. Information discussed includes, but is not limited to, a thorough family history, discussion of current and historical sources

of relational conflict, parenting styles, perceptions of the current separation, and potential goals for therapy.

- b. Following this, an intake will also be completed with the estranged parent/guardian. Information discussed will be similar to that listed under heading 3.a and consent for the child/children will be requested from the estranged parent as well.
 - c. After completing intakes with both parents/guardians, the therapist will assess whether a single provider will be sufficient for engaging in Reunification Therapy or whether a two-provider model will be utilized.
 - d. The provider will then meet with the child(ren) involved. This intake will focus on building rapport and assessing the children's experience and perception of the separation and any events leading up to the separation. The provider will also assess the child(ren)'s readiness for contact with the estranged parent.
 - e. The provider will review relevant documents again to begin developing an individualized treatment plan for the family.
4. Individual Therapy
- a. The provider will typically meet with the child(ren) on a weekly basis to address their concerns about reunification with their estranged parent, develop healthy communication skills, and continually assess their readiness to meet with the estranged parent.
 - b. The provider will also meet with the estranged parent on a weekly or bi-weekly basis, depending on the need as previously assessed by the provider. These individual therapy sessions will focus on preparing the estranged parent to interact with their child(ren) in an emotionally and physically safe manner.
 - c. The provider will also meet with the custodial parent periodically to gather information about their perception of the child(ren)'s response to the therapeutic process. This is most often done as a brief "check-in" at the start or finish of the child or children's individual session. However, full individual sessions for the custodial parent may be recommended.
5. Co-Parenting Sessions
- a. Once it is assessed that both parents are committed to the therapeutic process, the provider will facilitate co-parenting therapy sessions. The goals of co-parenting sessions include, but are not limited to, increasing open and positive communication between parents, utilizing healthy conflict resolution skills, and developing a supportive co-parent relationship. Co-parenting sessions will also address any barriers to completing the previously listed goals.
6. Reunification Therapy
- a. Once it is assessed that both the estranged parent and the child(ren) are prepared to reunify, parties will meet with the provider together in a therapeutic setting. These family therapy sessions are typically spent allowing the child(ren) and their estranged parent to "catch up," facilitating the discussion of any outstanding conflicts, and solidifying goals and expectations for all parties outside of therapy.

- b. Family therapy sessions will continue in this format until the provider assesses that it is appropriate for the child(ren) and their estranged parent to interact outside of a therapeutic environment. Therapy sessions may include the custodial parent as recommended.
 - c. Individual therapy sessions with one or all parties may continue throughout this phase of therapy to allow for individual processing and continue assessing for any barriers to the therapeutic process.
7. Discharge
- a. Once it is assessed that therapeutic goals have been met, a final session will be completed with all parties to assure that each party understands expectations moving forward and that any resources are made readily available to the family. The provider and clients will work together to determine what ongoing support may be needed upon discharge from therapy.
 - b. The provider may be available to the family for future family therapy sessions should the need arise.
 - c. In the event that the provider assesses that reunification therapy will not be effective with a family, the provider reserves the right to terminate services at any time. Should this occur, additional resources will be provided to the family.

Consent to Reunification Therapy Services

I agree to proceed with _____ at Ellie Family Services as Reunification Therapist according to the following arrangements:

1. Fee Schedule. I understand that the fee for services with a Rebalancing Therapist is \$180.00 per 50-60 minute session. This rate is subject to adjustment on January first of each year. Insurance may cover part of these services, but policies vary widely in regard to coverage for this kind of therapy. It is my responsibility to find out exactly what services my insurance policy covers and to submit requests for payment from the insurance company. The therapist at Ellie Family Services will provide me with whatever assistance they can to receive the full insurance benefits to which I am entitled.
2. Deposit. I understand that a deposit of \$_____ is required to begin this process. Funds in this deposit will be applied to the following services at \$180.00 per 50-60 minute session, or in increments of .25 hours (15 minutes):
 - A. All therapy sessions
 - B. All phone calls related to the case
 - C. Reading and reviewing of files, correspondence, and other related documents
 - D. Correspondence and drafting reports
 - E. Consultations with other involved professionals
3. Cancellation Policy. I understand that I will be charged (\$180.00) for any appointment that is cancelled with less than 24 hours' notice (1 business day). There is no charge for

appointments cancelled with more than 24 hours (1 business day) notice. Charges for missed appointments or late cancellations will be paid by the person missing/canceling the appointment.

4. Minimum Deposit. I will be responsible for replenishing my share of the deposit when it has been reduced to \$_____, or the cost of two sessions. The new deposit shall be in the same amount as was originally made, \$_____. If the new deposit is not received within 30 days of notification, Reunification Therapy will be put on hold and the file will be placed on inactive status. If the parties and/or the Reunification Therapist anticipate terminating the contract in the immediate future, a full deposit may not be required.
5. Written Reports. I understand that a written report, if needed, will not be released until all fees have been paid in full, including the cost of preparing the written report. I understand that I may request a written summary or report at any time and that I will be responsible for the cost of preparation.
6. Copying Charges. I understand that any documents copied by Ellie Family Services will be charged to the party requesting them at \$1.00 per page, per state guidelines.
7. Court Appearances. I understand that the fee for court appearances is \$2000.00 per full day (\$250.00 per hour) per therapist. In addition to the court appearance, there is a charge for four hours preparation for testifying, \$1,000.00 for your therapist. In order to ensure the availability of the Reunification Therapist, a deposit of \$3000 must be paid at least 2 weeks (14 days) in advance of the court appearance. In the event of cancellation of the court appearance, the deposit will be forfeited unless your therapist receives a cancellation notice at least 72 hours (three (3) business days) prior to the scheduled court appearance. If cancelled within 14 days of the court date and more than 3 days, you will be entitled to receive half of the deposit back (\$1,500).
8. Scheduling Requirement. I understand that the Reunification Therapist cannot respond to crisis situations and is unlikely to be available at my immediate request. Therefore, most of my contact with the therapist will be scheduled.
9. Mandated Reporting. I understand that Mental Health Professionals and Practitioners are considered by state law to be mandated reporters. They are therefore obligated to report to the proper authorities any suspected abuse or neglect of minors, or abuse of vulnerable adults, or threats of harm by the client or others to the client or others.
10. Therapy-Related Communication. I understand that any therapy-related communication outside of therapy sessions that occurs with individuals other than identified clients will occur only if the provider receives written authorization signed by the client, a court order, a subpoena, or other written authorization to do so.
11. Termination of Services. Ellie Family Services and its therapists may end a session or other service at their sole discretion if any party is not fully complying with this

agreement or is behaving in a manner that obstructs the reunification process, or if they are otherwise authorized or required by law to do so.

ACCEPTANCE AND SIGNATURES

Please initial the option below that accurately describes each parent's obligation for payment of the reunification fees. In any scenario, if eligible, both parents may provide insurance information in an effort to have insurance help cover the costs of the reunification services.

Parent/Guardian A: _____

Parent/Guardian B: _____

_____ The parent named here _____ will pay _____% of all reunification costs, including all sessions and communication with either parent and sessions with the children. The other parent will pay the remaining _____%

_____ The parent named here _____ will pay for their own individual sessions, plus all fees for sessions with the children and consultations between the providers. The other parent (_____) will pay only for his or her own individual sessions and communication with the reunification providers.

_____ The parents will equally divide the costs of the children's sessions and any consultations between the providers. Each parent will pay for his or her own individual sessions.

Based on the information above, please write the name of the parent responsible for each of the following potential charges:

_____ Parent A's Individual Sessions

_____ Parent A's Phone Calls/Emails

_____ Reviewing Documents from only Parent A

_____ No-Show/Cancellation Fees for Parent A

_____ Writing a report requested by only Parent A

_____ Parent B's Individual Sessions

_____ Parent B's Phone Calls/Emails

_____ Reviewing Documents from only Parent B

_____ No-Show/Cancellation Fees for Parent B

_____ Writing a report requested by only Parent B

_____ Child(ren)'s Sessions

_____ Outside communication with child(ren)

_____ No-Show/Cancellation Fees for child(ren)

_____ Charges related to the family (phone calls with outside sources, drafting emails related to the overall case, writing reports related to the overall case, consultation time between the providers on the case and/or other outside professionals, etc.)

Credit Card Authorization

I understand I am welcome to pay for my services in cash or check, or use my Visa, MasterCard, American Express, or Discover debit or credit card. I understand that Ellie Family Services follows the Payment Card Industry Data Security Standard (PCI DSS) set of requirements designed to ensure that all companies that process, store, or transmit credit card information maintain a secure environment for financial data.

_____ I am choosing to authorize Ellie Family Services to store my credit card information within their electronic record keeping system (maintained by Procentive).

Please choose one or more of the following options:

_____ Recurrent Authorization: Please automatically charge my copays when I have a session on the date of service.

_____ Recurrent Authorization: Please charge my card for my sessions as they occur (and process to insurance, if applicable) and any other fees that I incur.

_____ Recurrent Authorization: Please charge my card to replenish my portion of the deposit in accordance with Section 4 of the Reunification Therapy contract of this agreement.

_____ Recurrent Authorization: Please charge my card on the 15th day of each month for my entire balance.

I understand that if I fail to make payments owed for attended sessions, if I do not attend a scheduled session, or if I cancel a session less than 24 hours from the start time of the

session, and do not make the required payment(s) within 7 business days, Ellie Family Services has my permission to charge the card listed above according to the Cancellation Policy/No-Show Policy below. I understand that if I am having difficulty paying I can speak with my therapist about alternative arrangements.

PARENT/GUARDIAN A

I have received and read a copy of the Reunification/Rebalancing Contract, and have addressed any questions I have about the process or payment. I agree to use Ellie Family Services and their clinicians as the Reunification Therapist under the above conditions. I consent to the participation of my children named here:

I agree to pay Ellie Family Services _____% of the \$_____ initial deposit.

Parent Name: _____

Parent Signature: _____ Date: _____

PARENT/GUARDIAN B

I have received and read a copy of the Reunification/Rebalancing Contract, and have addressed any questions I have about the process or payment. I agree to use Ellie Family Services, and their clinicians as the Reunification/Rebalancing Therapist under the above conditions. I consent to the participation of my children named here:

I agree to pay Ellie Family Services _____% of the \$_____ initial deposit.

Parent Name: _____

Parent Signature: _____ Date: _____