

**MAUREEN POLIKOFF ACSW, LCSW**

505-750-8252

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**MENTAL HEALTH PROFESSIONAL SERVICES AGREEMENT**

This document contains information about Maureen Polikoff's professional services and business policies. When you sign this document, it will represent an agreement between you and Maureen Polikoff. Maureen Polikoff will discuss with you any part of this agreement.

**PROFESSIONAL SERVICES**

Maureen Polikoff, in accordance with the Stipulated Court Ordered collaboration with the Guardian Ad Litem (GAL), will perform the following functions:

1. Consult with the GAL regarding the referral
2. Review the Court Order and related Court documents
3. Schedule initial individual session(s) with each parent. Step-parents or significant others may also be interviewed in separate individual or joint session with the parent.
4. Provide parenting measurement tools to each parent. Each parent will be required to fill out and return these forms to Maureen Polikoff for review
5. Maureen Polikoff will consult with and give clinical feedback and impressions regarding each or both parents to the GAL throughout the process, and together they will determine an intervention plan. Depending on the needs of each case, this may include:
  - parent education
  - parent coaching
  - parent communication
  - family meetings
  - joint meetings with the GAL, which may include any or all family members

The above interventions may be done separately with each parent or together with both parents, depending on the level of conflict. Interventions may take place during the GAL's assessment and beyond if necessary, as long as the GAL is in the case. The final decisions, report, and recommendations to the Court will be the responsibility of the GAL.

**PROFESSIONAL FEES**

Any subsequent or additional fees will follow the protocol outlined in the Court Order and in the GAL client contract.

Maureen Polikoff's professional fee is \$200.00 per hour plus New Mexico gross receipts tax. These fees for services include in-person or virtual appointments, review of records and documents, telephone calls, emails, travel and professional consultation (pro-rated). Court appearance and/or testimony fees are \$300.00 per hour, including preparation and travel.

#### **BILLING AND PAYMENTS**

By signing this agreement, you agree to pay for services as agreed by you and Maureen Polikoff. You also understand with your signature on this form, that if you do not pay your expenses in a timely manner, your case may be suspended by the Court per your agreement with the GAL.

#### **APPOINTMENT CANCELLATIONS/NO SHOWS**

Appointments may be cancelled and rescheduled within 24 hours or more without charge. Appointments cancelled less than 24 hours in advance, or with no notice (no shows) will be charged at the rate outlined in Professional Fees.. Following 3 late cancellations or no shows a determination will be made as to whether services will be continued.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT  
AND AGREE TO ITS TERMS**

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**