



North Texas Family Services
Lauren Gordon, LCSW

Lauren Gordon, LCSW
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Advisement Form

Please initial and sign at the bottom.

_____ The full amount is due at the time noted in the invoice, unless we have specifically discussed otherwise. The cost of the adoption study ranges from \$1250- \$1750.

_____ The fees for an adoption social study are nonrefundable.

_____ If I have selected an expedited social study, I acknowledge the timeframe for completion begins the day of the initial home visit.

_____ No expediting fees will be refunded if requested documents are not provided within 30 days of the initial home visit.

_____ All studies and post adoption visits include mileage within 40 miles from the mailing address. A mileage rate of \$.55 will be charged when the destination is more than 40 miles from the mailing address. The fee will be added to the invoice.

_____ Post adoption visits, if needed through an adoption agency, ICPC, or for the purpose of a follow up, are scheduled with the social worker and

the family and must include at least three adoption visits in a 6 month period.

_____The social worker reserves the right to increase the number of post adoption visits or schedule follow up visits, at an additional charge of \$300 each, to insure the safety and wellbeing of the placed adopted child or children.

Contacting the Evaluator

The evaluator may be reached via telephone calls, text messages, and emails. Communication may also occur in writing to the mailing address listed above.

Services Not Provided:

I understand and acknowledge the evaluator is not providing, nor am I requesting, therapy, counseling or any form of treatment. Should these services be requested during the course of the evaluation, appropriate referrals and recommendations will be provided. I understand the evaluator is not providing mediation, parent facilitating, or other services outside the scope of an adoption social study.

I understand the evaluator is not my attorney and any questions pertaining to legal matters, should be directed to my attorney.

Professional Practice Statements:

For the purpose of reporting violations of licensing rules or regulations, the Texas State Board of Social Workers Examiners can be contacted by mail at Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 and by telephone, 1.800.942.5540.

I understand the evaluator is the custodian of records. The evaluator reserves the right to designate another person as the custodian of records in case of death or incapacitation.

For the purpose of reporting, the license number can be requested through the social worker.

Insurance Coverage:

I understand none of these services are covered by insurance. I understand this is not therapy, nor can it be billed as therapy.

I have been informed and I understand any communication or statements made by me or the children will NOT be privileged or confidential.

I understand any information provided to the court may become public record.

Further, I understand the evaluator may be required to disclose situations where clients may be a danger to themselves or others; abuse, neglect or exploitation of a child, elderly, or disabled person, or as otherwise required by law.

I have been provided a copy of this contract and invoice and fully agree to the terms listed.

Parent #1 Printed Name

Date

Signature

Parent #2 Printed Name

Date

Signature