



8. Name of licensed mental health professional (i.e., psychologist, psychological associate, social worker, marital and family therapist, or professional counselor):  
 Selected by  the court  Mother  Father \_\_\_\_\_  
 Parties to each provide the names of 3 mental health professionals to the court within 10 calendar days. The court will select from the lists and issue a new order.  
 Other \_\_\_\_\_
9. Information and records related to the mental health treatment shall not be released except (a) as needed for authorized consultation with other health providers, (b) as required to report suspicions of child abuse or neglect, and (c) as follows:  
 As to the children \_\_\_\_\_  
 As to the adults \_\_\_\_\_  
 Other \_\_\_\_\_
10. Unless otherwise provided in paragraph 6 above, payment for services within the scope of this order that are not reimbursed by health insurance shall be paid as follows:  
 Mother to pay \_\_\_\_\_%  Father to pay \_\_\_\_\_%  
 Other \_\_\_\_\_
- If one party pays more than his or her share of the expenses, the party may ask for reimbursement from the other party by sending proof of payment and related health insurance statement within one week of receiving them. Within 30 days after receiving these documents, the party who paid less shall reimburse the party who paid more.
11. The mental health professional shall terminate services if deemed unsafe or harmful to any participant, or not in the best interest of any children participants.
12. Objections to this order may be made in writing to the court within one week of the distribution date below. Requests to modify this order may be made in writing to the court at any time during this case. If a dispute arises regarding interpretation of this order, a party or the mental health professional may seek direction or clarification by filing a written request for clarification with the court or authorized court representative:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommended by:

Approved by:

\_\_\_\_\_  
 Superior Court Master

\_\_\_\_\_  
 Superior Court Judge

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Certificate of Distribution:

I certify that on \_\_\_\_\_ this order was sent to:

Mother  Father  \_\_\_\_\_

\_\_\_\_\_ By Clerk: \_\_\_\_\_