



AGREEMENT TO PARTICIPATE IN PARENTING CONSULTATION

I hereby agree to participate in Parenting Consultation services with Kerry Stutzman, MSW of Head & Heart Parents with the intent of improving my parenting skills. By signing below, I am indicating that I understand and agree to the following:

1. Our parenting consultation process will help me improve parenting skills and to learn some or all of the following behavioral objectives: effective limit-setting, appropriate consequences for misbehavior as well as techniques to prevent misbehavior. We will also address how to nurture and support children. This is an educational process, not a therapeutic process.
2. I will not subpoena nor call for production of any records, notes or work products of the consultant in any legal or administrative proceeding that arises before, during or after the consultation.
3. Upon request, progress and evaluations made in consultation will be summarized by the consultant in the form of a Summary Report.
4. The consultant will not reveal anything discussed as part of the consultation without my consent, unless ordered or subpoenaed by a court. The exceptions to this are; if there is a suspicion of child abuse or neglect, or if there is a threat of physical injury to myself or another party.
5. It is understood that full disclosure of all relevant and pertinent information is essential to the consultation process. Accordingly, I agree to complete and honest disclosure to the consultant, of all relevant documents and information.
6. I agree that the consultant will act as my “expert” regarding the child(ren) and may share her opinions regarding what would be in the best interest of my child(ren). She may make recommendations regarding parenting, as she deems appropriate.
7. Consultation is a voluntary process, therefore it is understood that the consultant or I may terminate the consultation at any time.
8. I understand that consultation is not psychotherapy and the consultation is in no way intended to be a substitute for the psychotherapy process.
9. The cost of this consultation is \$125 per hour. I agree to make payment at the time of each session.
10. I understand there is no legal confidentiality in this process.

I have read, understand, and agree to all the above stated provisions.

Client Signature

Date



FEE POLICY FOR PARENT CONSULTING

Appointments

Your appointment is reserved for you, and I will make every effort to start and end your appointment on time. Since I am unable to fill a canceled or missed appointment on short notice, it is important to notify me at least 24 hours in advance if you must cancel or reschedule. The charge for an appointment canceled with less than 24 hours notice is full fee, and a full fee will be charged for any session missed without notification. Emergency situations such as bad weather, illness, etc, will be considered, but please discuss it with me to avoid changes.

Fees

\$125 per 50 minute-hour for parent consulting.

Any calls over 10 minutes will be charged pro-rata.

\$75 per page for report writing. \$125 per hour for drive time.

\$175 per hour for court appearances, including travel expenses, lodging, and meal reimbursement.

Fee Schedule

A fee will be charged for all other auxiliary services including progress reports, collateral contacts, or any other report or services made at the request of the client. Fees for auxiliary services will be agreed upon prior to commencement of such services.

Payment Policy

Payment is due in full at the completion of each session or any auxiliary service.

The client is responsible for all payment.

Office Hours

Office hours are by appointment only. Availability of dates and times for appointments will be discussed with each client. Voicemail is available 24-hours a day.

Emergencies

I am *not* available on a 24-hour basis. I do not carry a pager. However, I do have voicemail, which can be accessed 24-hours a day. I will return your call at my earliest convenience, usually within one business day. Clients seen for parenting consultation are assumed to be responsible for their day-to-day functioning. In the event of a true emergency, notify 911 immediately, and then notify me.

I have read, understand, and agree to all the above information and services agreement and have received a copy. Your signature does not bind you to consultation; however, it does make you responsible for the charges incurred.

Client Signature

Date