

# The Parenting Institute

2121 Noblestown Road | Suite 109 | Pittsburgh, PA 15205

Phone: (412) 928-2299

## Consent for Counseling

I give my consent to engage in Co-Parenting Counseling or Reunification Counseling for my child. I understand that the process is a collaborative, child-centric process and that results cannot be guaranteed. I understand that I may withdraw from treatment at any time. Treatment is confidential and unless I give my written consent to release information, such information will not be disclosed to anyone except as stated herein. The following circumstances, however, are exceptions. I understand the following exceptions may apply:

- If a client communicates to a therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police; and
- If the therapist suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 60, a report must be made to the appropriate agency; and
- If a client presents a danger to self or other, or is unable to care for him or herself, a report must be made to the appropriate authorities.
- If a client consents to a release of information or consents to a court order for same.
- If a GAL (Guardian ad Litem) is involved in my case, I understand he or she may communicate with the counselor about the case progress.

Counseling is a non-evaluative process. Parties agree not to request the Counselor to testify in court or to produce any notes, records, files, or the like relating to the case including those pertaining to their minor child/children. Counseling communication is privileged and cannot be used as evidence in court, including but not limited to notes, emails, phone calls, and correspondence between sessions. If for any reason, the Counselor is called to testify or provide any evidence whatsoever on behalf of a party or parties hereto, the party or parties causing same will pre-pay all of Counselor's costs, hourly fee, and expenses (\$300 per hour / 4 hour minimum). As requested by the court, the counselor will provide session dates, a progress summary, and prognosis to the judge or GAL for \$300 paid in advance by the clients. Additionally, if a need for professional consultation arises, there will be a fee of \$100 per session.

**For virtual (online or telephone) sessions, client waives confidentiality insofar as the Internet is not secure, and counselor cannot guarantee security thereof. For Internet and telephonic meetings, parties understand that the counselor cannot monitor their location and surroundings that impact confidentiality and privacy. Counselor cannot guarantee privacy or confidentiality thereof. Parties agree that all telephonic and Internet sessions shall be conducted in a private room without the ability of any third parties and/or children to hear or see any part of the adult sessions. If a virtual session is conducted for a child, the adult in charge ensures privacy between the child and Counselor and guarantees the child shall be alone and not within seeing or hearing distance of anyone.**

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The fee per 50-minute session is \$\_\_\_\_\_, due at the time of the service. I agree to give 24 hours' notice when canceling a session; and without such notice, I agree to pay \$100 for the session missed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_