

Heal Together Counseling, LLC 194A Pleasant Street, Suite 206 Concord, NH 03301 Phone: 401-584-4325 Fax: 978-616-7325

Parent Coaching Consent

What to expect:

The purpose of parent coaching is to help parents learn ways to effectively parent their child(ren), navigate complex relationships, address behaviors and discipline in a healthy way, understand child development and more! Although parent coaching sessions are private it is important to understand that there are times when I am bound, by law, to share certain pieces of information, these include:

- A plan to harm yourself.
- A plan to harm someone else.
- A report of child/elder abuse.
- A court ordered subpoena.

Third Party Communication:

At times, it may be helpful for me to speak with other individuals involved with your family. Please know that this will only happen with your written consent or the consent of a single parent in the instance of a minor child.

Practice Policies

- I understand that parent coaching records may contain sensitive information. It is the practice policy to maintain the confidentiality of these records unless subpoenaed by a judge (information may be limited to prevent harm). Any request for records outside of a subpoena will be limited to a summary.
- I understand that Heal Together Counseling will not make recommendations related to child custody/visitation.
- I understand that parent coaching is not a form of mediation for parents going through a divorce/separation.
- I understand and acknowledge that Heal Together Counseling will not testify in court hearings for clients of parent coaching services.

- I understand that if I am more than 10 minutes late to my parent coaching session, without any communication to the provider, services may not be able to be provided and any late cancellation/no show fees will apply.
- I understand that, at times, my provider may participate in professional consultation regarding my case. No identifiable information will be shared. Consultation is designed to help ensure the best care is received.
- I understand that any video/audio recording of parent coaching is strictly prohibited.
- In the event of an emergency whereby Rebecca Searles or other Heal Together Counseling staff are unavailable/unable to contact clients directly, I understand that an identified proxy social worker will have access to client contact information to discuss options for services and provide families with updates.

Consent to Treatment Signature Page

By signing below, the participants acknowledge that they have reviewed the Consent for Parent Coaching document and have had any questions about the information within the document answered.

<mark>Client Name</mark>

Client Signature

Provider Signature

<mark>Date</mark>

Date