

Client Information

Date

Names of
Parent(s)/Guardian(s)

Name(s) and birthday(s)
of Child(ren)

DATE OF BIRTH

___ / ___ / ___

___ / ___ / ___

___ / ___ / ___

___ / ___ / ___

Address(es)

Email Address(es)

Telephone (Best):

How were you
referred to me?

Client-Consultant Agreement

Welcome to The Practice of Parenting. This document contains important information about my professional services and business policies. Thank you for reading it carefully. Feel free to ask any questions that you might have.

MY CONSULTING SERVICES

My unique educational background provides me with the knowledge and skills to support families through a wide variety of early childhood challenges. As a Family Wellness Consultant, I offer support, reflective listening, and research-based information to help you realize optimal health in your family dynamics and help you support the development of your child or children. I tailor my approach to meet the particular needs and culture of your family. Your success in realizing your family's optimal health depends on many factors and is not dependent on my services.

It is important that I share with you that I am not a licensed therapist or medical doctor. Although an important part of my work is to hold a safe place for families to feel the impact of the difficulties they are going through, I am not responsible for any decisions or actions taken, or the feelings that may arise while or after you seek my services.

During our initial session, we will go over your family's concerns, needs, and goals. At the end of that session, I will offer you some preliminary thoughts about how I can help you reach your goals. Your input, feelings, and wisdom are important parts of this process and I encourage you to share them with me whenever they arise.

SESSIONS and FEES

Frequency of sessions will vary depending on your family's needs and goals. Sometimes parents will meet with me for one or two sessions in order to get guidance on a particular concern or event. Other times parents find it useful to have ongoing weekly sessions to help support or build new, healthier family dynamics. It is often helpful for a family to have consistent support while developing new patterns in their home, and learning new ways to meet their child's needs.

My fees for both consulting and classes are as shown on my website (www.thepracticeofparenting.com). Please pay for each session at the time it is held, unless we agree otherwise. There is a \$15.00 charge on any returned checks.

Payments should be made out to Taylor Ross.

I do not take insurance at this time.

CANCELING A SESSION

Because scheduling an appointment requires my reserving time specifically for you, I ask that you pay for your appointment unless you provide at least 48 hours notice for rescheduling or cancellation.

You will not be charged for vacation time that you are away from regularly scheduled consultations for up to two weeks. However, if you are away for longer than two weeks at a time, and need to retain your specific appointment day and time, you will be responsible for payment for that hour in order to continue to secure that time. Otherwise, you may not be able to keep the same day and time.

Of course, you will not be charged for any time that I am away on vacation or for any other reason I need to cancel your appointment.

REFERRALS

We may together realize that it would benefit your child or family to get more specialized support – for example, and occupational therapist or pediatric psychiatrist. In that case I will refer you to a person or practice that I believe is well suited to your needs and family. If, for any reason, you are not happy with their services, I would appreciate your feedback. I am working to build an exceptional network of family support.

CONTACTING ME

Contact me by phone on (415) 578-0522. I would like to be available when you need my support, but I may not always be immediately available. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If your schedule makes you difficult to reach, please let me know those times when you will be available.

CONFIDENTIALITY

In general, what you share with me in my office is completely confidential.

However, there are some situations where disclosure is required by law. For example, if I believe that a child, elderly person, or disabled person is being abused or neglected or there is reasonable suspicion that a client presents a danger to self, to others, to property, or is gravely disabled.

These situations are very rare. If a concern arises, I will make every effort to fully discuss it with you before taking any action.

I occasionally consult with other professionals regarding my clients and practice. In such conversations my client's name or other identifying information is never mentioned. My client's identity remains completely anonymous, and confidentiality is fully maintained.

LITIGATION LIMITATION

Due to the intimate nature of my work with families and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in Court or at any other proceeding, nor will a disclosure of my records of our meetings be requested.

I look forward to working with you. Again, please let me know if you have any additional questions or concerns.

CLIENT CONSENT FOR SERVICES

I have reviewed the information in this agreement, and have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents of this agreement.

Signature of Client Date _____

Signature of Client Date _____

Signature of Parent/Legal guardian (if minor client) Date _____

Signature of Parent/Legal guardian (if minor client) Date _____

Copy accepted by client Copy kept by consultant