

Office Policies & General Information

Agreement for Court Connected Parent Coaching

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are privileged and confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

When Disclosure Is Required by Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled.

When Disclosure May be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the coaching records and/or testimony by me, Laurie Nickel Supkoff, LCSW. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

CONSULTATION: I consult regularly with other professionals regarding my clients; however, neither clients' names, nor any other identifying information, are ever mentioned. My client's identity remains completely anonymous and confidentiality is fully maintained.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a voicemail message at (916) 217-7758 and your call will be returned as soon as possible. I check my messages several times each day unless I am out of town. If an emergency arises, please indicate it clearly in your message. If you need to talk to someone right away you may consider calling your family physician.

PAYMENTS, INSURANCE REIMBURSEMENT & RETAINERS: Payment is due upon logging in or at arrival for the appointment unless other arrangements have been made. Each 50-minute session will be billed at the rate of \$160.00 per session. If your insurance will cover this type of counseling, I will supply you with an insurance billing form that you can submit to your insurance provider for direct reimbursement.

_____ Yes, I will need an insurance bill for reimbursement

Clients also agree to pay and maintain a retainer in the amount of \$320.00. Retainers can be used to cover costs described in the pertinent sections below. Unused retainers will be refunded to clients at the end of Parent Coaching.

PHONE, EMAILS AND LETTERS: Phone calls requiring more than five (5) minutes and emails including any information other than scheduling an appointment shall cost the client the same hourly rate as a counseling session for the time required to print and read the emails. If a letter is needed and agreed upon by both parents, there will be a minimum charge of \$100.00. The cost would increase if the time required extends over 20 minutes. Retainers can be used to cover these costs.

INFORMED CONSENT: Coaching is a joint effort, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances such as interactions with family, friends, and other associates. coaching may involve the risk of remembering unpleasant events and can arouse intense emotions such as fear, anger, depression, anxiety, frustration, or loneliness. The benefits from coaching may include gaining better coping and adaptation skills for handling family or other relationships, and a better understanding of personal goals and values. These benefits may lead to greater satisfaction and personal growth.

REFERRALS: If in the course of our working together I determine that I cannot assist you to the full degree you are in need of, I will refer you to another professional(s) who would likely be more able to assist you in your efforts to produce change and growth in your life.

DUAL RELATIONSHIPS: Therapy never involves sexual or business relationships or any other dual relationship that impairs the therapist's objectivity, clinical judgment, and therapeutic effectiveness or can be exploitative in nature.

CANCELLATION: Appointments are arranged so that we share a consistent, ongoing weekly or biweekly scheduled time together. If your appointment must be canceled, a minimum of 24 hours prior notice is expected to avoid being charged for that session. You will also be charged if you "No Show" for your scheduled time. Retainers can be used to cover these costs.

My Agreement to You: I agree to assist you in gaining awareness and understanding of the obstacles you face, and to help you gain new skills to make healthy choices in your life, however, this in no way guarantees that the changes you would like to have happen will occur.

I have read the above Office Policies and General Information Agreement carefully; I understand them and agree to comply with them.

Client Name	Signature	Date
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Chanise Hendrix, LMFT Therapist Name	Signature	Date
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Co-Parenting Counseling Intake Form

CLIENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female Non Binary

Home Address _____

City _____ Zip Code _____

Cell Phone _____ Email _____

Work Phone _____

Occupation _____ Employer _____ Work Hours: _____

Single: _____ Married: _____ Divorced: _____

Relationship Info with Other Parent:

Date of Marriage: _____ Date of Separation: _____ Date of Divorce: _____

Previous Psychotherapy? Yes No

When? _____ With Whom? _____

Referred By: _____

ATTORNEY'S INFORMATION

Attorney' Name _____

Phone Number _____ Email _____

CHILDREN INFORMATION

Name	DOB	Ages
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

Name Signature Date

Co-Parenting Counseling Questionnaire

The following questionnaire is designed to help you think about a variety of aspects of the coparenting relationship important in facilitating the development of adaptive coparenting skills. Please include as much information as you consider relevant. I will review your questionnaire and may include content as relevant in our meetings.

Describe what is motivating you to pursue parent coaching currently:

Describe your primary goals you wish to accomplish in parent coaching?

What do you feel your significant challenges are to achieve your stated goals?

What has your experience been with counseling services?

Describe what you see to be your strengths and areas of growth?
