



Laura Kuehn, LCSW

P.O. Box 176
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Parent Counseling Agreement

Please take your time to read over this contract and be sure to ask any questions you may have prior to signing it.

Client Name

Date of Birth

Client Address

Scope of Parent Counseling Services

The type of service being offered is parent counseling. Laura Kuehn, LCSW uses a psycho-educational, solution-focused, strengths-based approach to counseling from a person-in-environment perspective. She also employs cognitive behavioral techniques where appropriate. This means that she will focus on building on your strengths, creating achievable goals, all while considering the impact of the various pressures you are experiencing. It also means that she will challenge you to consider how your thoughts are impacting your feelings and behaviors.

Parent counseling is not the same as individual psychotherapy. Parenting counseling is typically short-term and goal-oriented. Laura works with people of any or no faith but as a Christian, she can integrate Biblical truths and prayer into your treatment to the degree that you desire.

Parent counseling can help you:

- 1) understand what drives child behaviors and emotions
- 2) better understand the motives and thought processes that impact your parenting choices
- 3) enhance parenting skills

- 4) develop effective communication patterns
- 5) increase parenting confidence

Laura is a Licensed Clinical Social Worker (CT license # 004614). An LCSW is a master's level therapist who has practiced under supervision for 3000 hours and has passed a state licensure exam. Laura's background and experience qualifies her to provide therapy to parents struggling with issues related to parenting. If you present with issues that are outside of the scope of Laura's expertise or with issues that could impede your progress in parent counseling, you will be notified, the issue will be discussed, and every reasonable effort will be made to provide you with a referral to a more appropriate treatment provider as soon as possible.

You will be an active participant in identifying, setting, and re-evaluating your goals for counseling. At regular intervals during the course of your treatment, you and Laura will discuss your progress and will adjust any goals as needed. You can request a treatment review at any time. You may also discontinue treatment at any time.

Parent counseling typically occurs once a week (depending on the presenting needs). In between sessions, you will be encouraged to practice the skills and interventions learned during your counseling sessions and discuss struggles and successes the following session.

Limitations of Parent Counseling Services

1) Laura does not provide crisis intervention services. A crisis is any situation in which you feel immediate help is needed by a trained professional. In these circumstances, you are instructed to dial 211 and then press "1." You will be connected to a crisis counselor who will assist you until the crisis is resolved. You do not need to be certain that you are in crisis to access these services. If weapons are involved, or if your safety, or the safety of someone you know is at risk, please call 911 immediately.

2) Due to the nature of providing a specialized form of treatment often within a faith-based community, the risk of contact outside of the counseling session is possible. To maintain the strictest boundaries regarding confidentiality, Laura will not initiate contact when encountering clients within the community but will reciprocate if interaction is initiated by the client. Issues related to your counseling will not be discussed outside of sessions.

3) Each 50 minute session fee includes up to 15 minutes of email or phone calls between sessions. These contacts are intended to be used as progress updates, clarification, or encouragement. Any new or significant issues should be reserved to be discussed at a regularly scheduled appointment.

Risks and Benefits of Parent Counseling

Counseling is beneficial, but as with any treatment, there are possible risks. During counseling, you may be encouraged to discuss personal issues which may bring to the surface uncomfortable feelings. However, the benefits of counseling can far outweigh any discomfort you may experience. Some of the possible benefits include: improved personal relationships, an improved ability to manage stress, and specific problem solving. These benefits cannot be guaranteed, of course, but your treatment will be focused on helping you attain your personal goals for counseling.

Limitations and Risks of Electronic Communication

Electronic communication such as unencrypted emails and texts are not secure forms of communication and could compromise your privacy and confidentiality if they contain personal health information. It is always a possibility that texts and emails could be intercepted or sent erroneously to the wrong address.

As a covered entity, Laura uses a HIPAA compliant therapy platform called Therapy Appointments. When contacting Laura through your client portal, you can be assured that your personal health information is secure. Laura will only initiate contact through the client portal.

The security of any information communicated outside of your patient portal cannot be guaranteed.

It is your right to avoid or limit the use of email, texts, cell phone calls or voicemail messages. If you contact Laura using unsecure email, text, or phone, it will be assumed that you have made an informed decision and have agreed to accept the risks involved in such communications.

Contact Guidelines and Social Media

There are multiple ways to contact Laura. The preferred method is through your secure client portal.

You may also call Laura at 860-288-7870 to give brief updates, cancel an appointment, or to reschedule.

If you choose to email Laura outside of your client portal, it will be assumed that you are giving your consent to communicate through an unsecure channel.

Texting is the least secure form of communication and should only be used for canceling or rescheduling appointments. If you text Laura for anything other than this, she will briefly respond to let you know that she will reply through your client portal.

Cornerstones for Parents has a social media presence on Facebook, Instagram, and Pinterest. These accounts are strictly for informational purposes only. Professional ethical guidelines prohibit Laura from "following" or "friending" clients. This is to preserve your confidentiality and to maintain the integrity of the therapeutic relationship.

Your Rights

1) You have the right to strict confidentiality. The content of all counseling sessions and any documentation pertaining to sessions will be held in confidence unless there is report or suspicion of abuse or potential harm. This can include: a) information you report about physical or sexual abuse; b) information that indicates that you/your children are in danger of harming self or others. Laura is a mandated reporter by the State of Connecticut and therefore, by law, required to report any risks listed above.

2) You have a right to ask Laura to speak with your other treatment providers via written consent through the use of a Release of Information form. You also have a right to revoke that consent at any time during the course of treatment. Only the information specified on the release of information will be disclosed to the receiving party.

3) Your records will contain brief notes of your sessions, citing only the type of contact, people involved, topics discussed and interventions suggested. Your records are kept digitally in a secure, HIPAA compliant platform called Therapy Appointment. If you have questions about the security of how your personal health information is stored, please contact Laura before signing this agreement.

Laura adheres to the National Association of Social Worker's Code of Ethics:
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Informed Consent Contract for Parent Counseling

I have read this service agreement, had sufficient time to be sure that I have considered it carefully, and have asked any questions that I needed to and understand it.

(check box to initial)

I agree

I agree to pay Laura Kuehn, LCSW \$100 per each 50 minute session and \$50 per each 25 minute session. I agree to set up and use a HIPAA compliant service called Ivy Pay to submit payments. Up to 15 minutes of email or phone contacts will be provided at no additional charge in between each 50 minute session. Any contact over 15 minutes will incur a pro-rated fee of \$25 per each additional 15 minutes.

(check box to initial)

I agree

I understand that for any legal document preparation or court appearances, Laura charges \$250 and \$500 per hour, respectively. I also understand that Laura can only testify to the facts of my case and her professional opinion, neither of which may be in my favor.

(check box to initial)

I agree

I understand that Laura does not accept third party or insurance reimbursement.

(check box to initial)

I agree

I agree to provide 24-hour notice for all cancelled sessions. A fee of \$50 will be charged for any missed sessions.

(check box to initial)

I agree

I understand that Laura does not provide crisis intervention services. If I am in crisis I will call 211 (a free health and human services hot-line for Connecticut residents) to be connected with a crisis counselor to assist me. If weapons are involved or if there is imminent danger, I will call 911.

(check box to initial)

I agree

I understand that my records will be kept securely on a HIPAA compliant platform. I am comfortable with how Laura stores my protected health information and records.

(check box to initial)

I agree

I understand that email and text are not secure forms of communication and if I contact Laura outside of the client portal, I accept the risks inherent to these forms of communication.

(check box to initial)

I agree

I agree to follow Laura's contact guidelines including those for social media accounts.

(check box to initial)

I agree

I understand that it is my prerogative to accept or reject any advice or information given by Laura and that my counselor is not responsible for the outcome of any interventions I choose to implement.

(check box to initial)

I agree

I understand that I can discontinue services with Laura at any time that I wish.

(check box to initial)

I agree

I consent to parent counseling with Laura Kuehn, LCSW.

(check box to initial)

I agree

New Signature Field

Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.

 Erase  Type

Today's Date

You may print a copy of this document for your records and for easy reference.