

Parent Coaching

Service Agreement

Dawn Huebner, PhD

I agree to the following:

1. I understand that the purpose of Parent Coaching is to help me develop skills and implement plans to address problems I identify and describe.
2. I understand that while Dawn Huebner is a licensed psychologist, she is not providing services in that capacity. Parent Coaching is not therapy, it is educational. While therapy aims to diagnose and treat mental health problems, Coaching is designed to teach me to better understand my children, learn to connect and set limits for them in positive ways, and more effectively manage specific problem areas.
3. I understand that Dawn cannot shift between Coaching and Therapy. Once I am engaged as a Parent Coaching client, I cannot participate in therapy with Dawn, nor can my child. If, over the course of Parent Coaching, Dawn and/or I believe therapy is warranted, we will talk about that, and Dawn will do her best to guide me towards appropriate resources. I understand, however, that it will ultimately be up to me to find a therapist suitable for me and/or my child.
4. I understand that while Dawn will make suggestions and offer advice as part of the Parent Coaching process, I, the client, assume full responsibility for deciding which actions to take and will not hold Dawn legally responsible for any undesired outcomes.
5. I understand that if my needs are not being met, I can tell Dawn, so we can refine our work or agree to bring it to an end.
6. I understand that I am responsible for the time we have scheduled, and that I must give 24 business hours' notice to cancel or reschedule a Coaching session unless something happens that is completely outside my control.
7. I understand that Coaching will take place in person, by phone or via Zoom or Skype – whatever Dawn and I have agreed upon. I further understand that phone and electronic communications are not secure, and that if we use these methods, my privacy is not ensured.
8. I understand that Dawn's policy is to keep private any records she maintains over the course of our work but that, because this is not therapy, these Coaching records are not privileged.
9. I understand that payment is made electronically upon scheduling. Meetings cancelled with at least 24 business hours' notice will be refunded or credited towards the new meeting time, at my discretion. If I choose to have my payment refunded, I am responsible for processing fees.
10. I understand that fees are as follows: \$150 for 50 minutes, \$75 for 25 minutes. Since coaching is not therapy, I understand that I cannot submit a claim to my insurance company for reimbursement. My partner or other adults in my child's life can be involved in my coaching sessions, at my request and with my consent, at no additional charge.

Parent Coaching Client (printed)

Date

Parent Coaching Client (signed)

Cell Phone Number