Parent Coaching Agreement

Jennifer McMillan LLC. MS, LMFT, LMHP

Coaching vs. Psychotherapy

Parent coaching aims to increase positive family connection, confidence and communication. This is done by looking at the present and focusing our time on creating change for the future.

Therapy is a mental health service that involves diagnosing, looking at historical root issues and treating emotional and psychological challenges. Coaching does not include psychotherapy and if necessary, we will determine together if therapy is needed.

Coaching Commitment

The coaching relationship is a professional relationship that does not extend beyond professional boundaries either during or after our work together.

As a coach, my job is to help you build on the parenting strengths you already possess and help you make changes when necessary. We will spend time uncovering the gifts of parenting and quiet that inner parenting critic.

Payment Procedures

Payment is collected at the time of the appointment. Each session is \$140. Cash or check are preferred (Credit cards are accepted with an additional fee).

Cancellations and Rescheduling:

Cancellations/rescheduling are necessary at times. I ask that you please give 24 hours notice for cancellations/rescheduling.

If you are unable to give 24 hours notice, you will be charged for the full appointment (\$140).

Confidentiality and Privacy:

I follow all HIPPA requirements and will not share any information without written consent.

Ву	participating	in a	coaching	session,	you	agree	to	the	follow	ving:

\Box a	agree t	o all the	terms and	conditions	above	and am	committe	ed to be	eing
inten	ntional	about im	nproving m	ny parenting	g narrat	ive and	relationsh	ips witl	h my
famil	ly mem	bers.		•	-			•	

☐ I understand that parent coaching treatment of mental health disorders therapy.	does not involve the diagnosis or and that coaching is not a substitute for
Client Signature	 Date
PROFESSIONAL D	ISCLOSURE STATEMENT
Credentials and Licenses:	
	nd Family Therapy (MS) from Seattle Pacific and Family Therapist since 2001 00001870
 Licensed Mental Health Practit Washington State License number LF 	
My signature indicates that I have reacontained in this form.	ad and that I understand the information
Client	 Date
 Therapist	 Date