

Next Generation Parenting Support
Lisa J. Taylor, PhD

Parent Coaching and Consultation--Virtual Session Intake Packet

Today's date: _____

Client's name: _____ Gender: _____ DOB: _____
Other parent's name (if applicable): _____ Gender: _____ DOB: _____

Child/children's names, genders, ages:

Home address: Street _____
City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____
MESSAGE MAY BE LEFT AT (check any that apply): home _____ work _____ cell _____

☺ May I use text messaging as means of communication? **Yes/no**

Email address: _____
☺ May I use email as means of communication? **Yes/no**

Marital status (please circle): **single married divorced widowed separated**
other: _____

How do you identify your race? _____

Employment status (please circle): **full-time part-time unemployed disability**
other: _____

If employed:
Employer name/address _____

If student: Full-time _____ Part-time _____
School name: _____

Emergency contact person: _____ Phone: _____

Lisa Taylor, Ph.D.
PA Licensed Psychologist #PS015836
APIT Mobility # 7200
lisa.taylor@gmail.com
609-733-5538

Welcome to my parenting consultation and coaching practice. This document and attachments constitute a contract between us (the “AGREEMENT”) and you should read it carefully and raise any questions and concerns that you have before you sign it.

The services to be provided by Lisa Taylor, Ph.D. are coaching or tele-coaching as designed jointly with the client. Initial coaching sessions will be charged at the rate of \$350 per 90-minute session. Follow-up sessions will be charged at the rate of \$250 per hour. Additional hourly charges may be incurred for time taken outside of session (for example: consultation with teachers or other school personnel, review of testing results, provision of written summaries). You are required to give 24 hours’ notice if you need to cancel or change the time of an appointment. Otherwise, you will be charged for the session in full.

Coaching & Psychotherapy

In addition to being a parenting coach, I am also a licensed psychologist with training and experience in diagnosing and treating emotional problems. While there are some similarities between coaching and psychotherapy, they are very different activities and it is important that you understand the differences between them. Psychotherapy is a health care service and is usually reimbursable through health insurance policies. This is not true for coaching. Both coaching and psychotherapy utilize knowledge of human behavior, motivation and behavioral change, and interactive counseling techniques. The major differences are in the goals, focus, and level of professional responsibility.

The focus of coaching is development and implementation of strategies to reach client-identified goals of enhanced performance and personal satisfaction. Coaching utilizes personal strategic planning, values clarification, brainstorming, motivational counseling, and other counseling techniques.

The primary foci of psychotherapy are identification, diagnosis, and treatment of mental and nervous disorders. The goals of psychotherapy include alleviating symptoms, understanding the underlying dynamics which create symptoms, changing dysfunctional behaviors which are the result of these disorders, and developing new strategies for successfully coping with the psychological challenges which we all face. Most research on psychotherapy outcomes indicates that the quality of the relationship is most closely correlated with therapeutic progress.

Psychotherapy patients are often emotionally vulnerable. This vulnerability is increased by the expectation that they will discuss very intimate personal data and expose feelings about themselves about which they are understandably sensitive. The past life experiences of psychotherapy patients have often made trust difficult to achieve. These factors give psychotherapists greatly disproportionate power that creates a fiduciary responsibility to protect the safety of their clients and to “above all else, do no harm.”

The relationship between the coach and client, on the other hand, is specifically designed to avoid the power differentials that occur in the psychotherapy relationship. The client sets the agenda and the success of the enterprise depends on the client’s willingness to take risks and try new approaches. The relationship is designed to be more direct and challenging. You can count on your coach to be honest and straightforward, asking powerful questions and using challenging techniques to move you forward. You are expected to evaluate progress and when coaching is not working as you wish, you should immediately inform me so we can both take steps to correct the problem.

Because of these differences, the roles of coach and psychotherapist are often in potential conflict and I believe that, under most circumstances, it is ethically inappropriate for one to play both roles with a client, whether concurrently or sequentially.

Positive change is difficult enough without having to worry about role confusion. This means that if either of us recognizes that you have a problem that would benefit from psychotherapeutic intervention, I will refer you to appropriate resources. In some situations, I may insist that you initiate psychotherapy and that I have access to your psychotherapist as a condition of my continuing as your coach.

It is also important to understand that coaching is a professional relationship. While it may often feel like a close personal relationship, it is not one that can extend beyond professional boundaries both during and after our work together. Considerable experience shows that when boundaries blur, the hard won benefits gained from the coaching relationship are endangered.

Confidentiality

As a licensed psychologist, I am ethically and legally bound to protect the confidentiality of our communications. I will only release information about our work to others with your written permission or in response to a court order. There are some situations in which I am legally obligated to breach confidentiality in order to protect you or others from harm. If I have information that indicates that a child or elderly or disabled person is being abused, I must report that to the appropriate state agency. If a client is an imminent risk to him/herself or makes threats of imminent violence against another, I am required to take protective actions. These situations

are quite rare in coaching practices. If such a situation occurs in our relationship, I will make every effort to discuss it with you before taking any action.

As you are no doubt aware, it is impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers that are connected to the internet, which do not utilize encryption and other forms of security protection.

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CONSENT TO SERVICES

Your signature below indicates that you have read the Therapist-Client Service Agreement for this practice and agree to its terms.

Signature of Client or Personal Representative Date

Printed Name of Client or Personal Representative

Signature of Consulting Therapist Date

Printed Name of Consulting Therapist

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Please be aware that my office maintains a policy of requesting 24 hours' notice for all canceled sessions. For appointments that are either **missed** or **canceled with less than 24 hours' notice**, the full fee for your session will be charged.

Please note that this policy requires a **full 24 hours' notice**, which means that sessions canceled the day before your appointment time but still within the 24-hour late cancellation period will be charged the late cancellation fee.

If I am able to reschedule your missed or canceled appointment within the same calendar week, I may waive the cancellation fee at my discretion. However, I will request payment of a \$10 fee for the missed session.

I certainly understand that there are many valid reasons for canceling appointments, and it may feel frustrating to pay a fee for a session you did not attend. However, the above policy encourages timely notice for cancellations, which in turn helps me manage my schedule so that I can make time available for clients as needed. In addition, the payment of cancellation fees makes it possible for me to avoid overbooking my schedule to account for potential lost income, which then allows me more flexibility to accommodate clients' needs. Thank you for your understanding. If you have any questions or concerns, I encourage you to please bring them to my attention!

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INFORMED CONSENT CHECKLIST FOR SERVICES PROVIDED BY VIDEO

Prior to starting video-conferencing services, please be aware of and consent to the following:

- There are potential benefits and risks of video-conferencing (e.g., limits to client confidentiality) that differ from in-person sessions.
- Confidentiality still applies for services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the consulting therapist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

Psychologist Name: Lisa J. Taylor, Ph.D.

Patient Name (printed): _____

Signature of Patient (age 14 and older): _____

Date: _____

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Client Credit Card on File Agreement

I have implemented a policy which enables you to maintain your credit card information securely on file through Ivy Pay, a credit card processing program specifically designed for therapists. This system provides added privacy protection, is HIPAA-compliant, and works with all credit cards, as well as debit, HSA (Health Savings Account) and FSA (Flexible Spending Account) cards. After making your first payment, your card information will be securely stored in the Ivy Pay program.

In providing Ivy Pay with your credit card information, you are giving me permission to automatically charge your credit card on file for your co-pay or other session fees owed at the time of service. In addition, any applicable non-covered services will be charged to this card. These may include: missed or canceled appointments; return check fees; form completion fees; or partially paid claims. As a reminder, missed or canceled appointments without 24-hour notice will be charged in full.

By signing this form, you authorize that this agreement will remain in effect as long as you remain in treatment, unless you revoke this form by submitting a written request, which you may choose to do at any time. If the credit card you store through Ivy Pay changes, expires, or is denied for any reason, then you are expected to store a new, valid credit card in Ivy Pay. The new card will still be subject to the financial policy listed here and may be used with the same authorization as the original card.

Please Note: Late cancellation and missed appointment fees are not considered eligible HSA or FSA expenses, so please consider this when choosing which card to store in Ivy Pay.

Please let me know if you have any questions about this method of accepting payment. Your signature below indicates that you have read this agreement and agree to abide by its terms.

By signing below, I agree to Lisa J. Taylor, Ph.D.'s Credit Card on File policy and I authorize Dr. Taylor to keep a valid credit/debit card number securely on-file through

Ivy Pay. I allow Dr. Taylor to automatically charge my credit card for any payments due at the time of service or any outstanding balances, including for missed or no-show session fees. I understand that I am responsible for payment for all medical services provided to me (or to my dependent) by Dr. Taylor. I understand that my insurance may deny payment for these services or only partially pay them, and I agree to allow Dr. Taylor to immediately charge my credit card on file for the balance if that happens. I understand that this form is valid until I cancel this authorization through written notice to Dr. Taylor.

Signature of Client / Responsible Party

Date

Print Name of Person Signing Above

Relationship to Client