



Lea Leonard, LCSW, BCN
(239) 287-0810

WORKING AGREEMENT FOR PARENTS WHEN A CHILD IS CLIENT

We, (names of parents) _____,

_____ hereby agree to our child, (name of child) _____,

beginning service with **Lea Leonard, LCSW, BCN Wings of Change.**

We understand that we are consenting to begin our child's treatment, not our own, and that although our consent is important and necessary, our role is to help provide information, to plan, to assist in measuring progress, and to coordinate our child's treatment. We understand our rights to receive and refuse services, to privacy and confidentiality, to respectful treatment, to be informed about our child's treatment, to have reasonable access to the clinical record and amend it if we find errors, and to file a complaint if we feel we have been unfairly or unethically or disrespectfully treated. We have asked all questions that have occurred to us.

We understand the purposes of this setting, the service approaches and methods used, and the qualifications of our child's social worker.

We understand that after our child is assessed, our child and our child's social worker will develop a service plan and that we will make another agreement to follow through with the service plan. As part of a complete assessment, we understand that we may be asked to have our child have a physical examination with his or her pediatrician and to request that his or her reports be sent to our child's social worker in this setting.

We understand our financial responsibilities and arrangements with our insurance payer or payers, the rules about notifying the social worker if our child has to miss an appointment or will be late, the charges for broken appointments and late arrivals without prior notification, and the consequences if our account is past due. We understand that sessions we request with our child's social worker or that he or she requests with us will be charged at the same hourly fee as our child's service.

We understand what to do in an emergency and what happens if our child has an emergency and the social worker cannot be reached. In the event that our child's social worker is not available, and we feel our child needs emergency care, we will call 911. If we feel our child needs urgent care, we will contact the David Lawrence Center's Urgent Care at 455-8500.

We understand that our child's social worker will keep discussions he or she has with us in the absence of our child confidential and will keep material discussed with our child in our absence confidential. However, we understand that the social worker may breach confidentiality with our child if our child talks about harming himself or herself, or talks about harming others. We will be encouraged, as a family, to talk about our respective sessions with the social worker. However, our child's social worker will not transmit information from one of us to the other(s).

We understand that our written consent will be obtained if information about our child is to be used for research or training purposes or if our child's social worker wishes to audiotape or videotape the sessions for any reason.

We understand that our and our child's relationship with the social worker is now and will be in the future solely a professional relationship and that we will have no shared interests or activities outside of our child's treatment.

We realize that, although service is recommended for our child and will probably be helpful, there are no guarantees that any or all of his or her problems will be remedied. We further understand that service involves possible risks as well as benefits. Hence, we and our child may experience stress, strained relationships, or other difficulties as a result of the service process.

We understand that service will terminate when the goals of the service plan have been fulfilled. However, we also understand that we may end service at any time we wish or feel that we and/or our child need to do so. We further understand that our child's social worker may also end service if our child does not make progress, has needs that the social worker cannot meet, or if we and/or our insurer are no longer able to pay for services. If our child's service is ended before the goals of the service plan have been accomplished, we understand that the social worker will do all possible to refer our child to an alternative source of care.

Finally, we understand that at any time we or our child have questions about this setting, the service process, or any policy or procedure, we should promptly bring our questions or concerns to our child's social worker

NAME OF LEGALLY RESPONSIBLE PARENT OR GUARDIAN (PLEASE PRINT)

SIGNATURE _____ **DATE** _____

NAME OF LEGALLY RESPONSIBLE PARENT OR GUARDIAN (PLEASE PRINT)

SIGNATURE _____ **DATE** _____