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INFORMED CONSENT

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

The services to be provided by Nancy Herse Sedlack, Ph.D. are parenting consultation sessions designed jointly with the client. The fee is \$150/60 minute session. Professional time spent outside of parent consultation sessions including, but not limited to, between session phone calls, reading or reviewing documents, or consulting with colleagues, will be billed on a prorated basis rounded up to the nearest 15 minutes. Fees for parent consultation sessions must be paid at the time of the session to the staff of Stamford Pediatrics. **These fees will not be covered by most insurance policies;** it may, however, be covered by some FSA plans. You should contact your provider directly for coverage information. You are required to give 24-hour's notice if you need to change or cancel an appointment; otherwise, you will be charged for the missed session.

Parenting Consulting versus Psychotherapy:

I am a licensed psychologist in Connecticut. While there are some similarities between parenting consulting and psychotherapy, they are very different activities and it is important that you understand the difference. Psychotherapy is a health care service and is usually reimbursable through health insurance policies. Parenting consulting generally is not. Both parenting consulting and psychotherapy draw upon knowledge of human development, human behavior, motivation and behavior change, and interactive counseling techniques. The major differences are goals, focus and level of professional responsibility.

The focus of parenting consulting is helping parents to reach self-identified goals regarding their parenting practices. Parenting consulting may address child development questions, concerns regarding developmental challenges, or specific social-emotional, cognitive or behavioral issues of a child, but these issues are addressed via the parent rather than through the practitioner's direct intervention with the child. Parenting consulting utilizes education, brainstorming, clarification, strategic planning, teaching of behavioral interventions, and other counseling techniques.

In contrast, the primary foci of psychotherapy are identification, diagnosis and treatment of mental and nervous disorders. The goals 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. 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 that they are understandably sensitive about. These and other factors give psychotherapists, unlike parenting consultants, disproportionate power that creates a fiduciary responsibility to protect the safety of their clients and to “above all else do no harm.”

The relationship in a parenting consulting setting is designed to avoid the power differentials that occur in the psychotherapy relationship. The parent and consultant work in collaboration to understand and address the parents’ concerns. The success of the process depends on the client’s willingness to articulate issues of concern, to take in new information, to consider alternatives and try new approaches, as well as the nature of the parenting situation of interest to them. The relationship is designed to be straight forward and challenging, often with an educational component. You are expected to evaluate progress and when the parenting consultation is not working as you wish you should immediately inform me so we can both take steps to correct the problem.

Parenting consulting is not intended to be a substitute for psychotherapy for either parent or child. If it is my impression that you or your child has a problem that would benefit from a psychotherapeutic intervention, then 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 to provide parenting consultation.

It is also important to understand that the consultative relationship is a professional relationship. While it may often feel like a close personal relationship, it is not one that can extend beyond professional boundaries, either during or after our work together. Considerable experience shows that when boundaries blur, the hard-won benefits gained from the consultative 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 if I am required to do so by a court order. I will ask you (at this time) to consent to a release of information to Stamford Pediatrics, as I work closely with them.

There are some additional situations in which I am legally obligated to breach confidentiality in order to protect 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 a parenting consulting setting. 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 which are connected to the Internet and do not utilize encryption and other forms of security protection.

Name: _____

Signature: _____

Date: _____