



FAMILY COACHING SERVICE AGREEMENT

This is an agreement between **Parenting Partnerships, Inc.** and _____.

PARENTING PARTNERSHIPS assures each family member that all information provided will be kept as confidential as the law permits. **Parenting Partnerships** agrees to keep all records in a secured location.

I understand it is my responsibility to initiate all appointments with my Family Life Educator.

I understand the fee for Family Coaching is \$500.00 for 8 hours. In the event this service is terminated prior to the full 8 hours reimbursement will be calculated at \$80.00 per hour for services provided.

I understand if for any reason I must cancel a meeting it is my responsibility to contact all parties to cancel the meeting. If that cancellation is within 24 weekday hours prior to the meeting, no fees will be charged. I understand if I miss a scheduled meeting I will reimburse Parenting Partnerships, Inc. the entire fee for that meeting. I also understand that it is my responsibility to reschedule the meeting with all parties within one week.

I understand all telephone contact and emails that require responses will be billed at the same fee as the meetings. Phone calls will be billed in quarter hour increments for anything other than to set up or confirm meeting times. Phone calls other than those to set up or confirm meetings need to be by appointment only. I understand there is no need for more than one phone message in a 24 hour period.

I agree that my Family Life Educator will not be asked to compromise confidentiality by appearing in court to testify for or against participant/s.

I understand that Parenting Partnerships, Inc. provides family educational services, not counseling or therapy. (I recognize this and agree to release, indemnify and hold harmless Parenting Partnerships and all of their officers, directors, consultants, employees and representatives from any liability, claims or causes of action for personal injury or property damage of any kind which occurs on or off the premises, including but not limited to that which may occur as a result of facilitated agreements, use of materials or information provided by Parenting Partnerships.)

I understand that payment for Parenting Partnerships, Inc. services must be made by cash, check or money order, or PayPal at the time services are rendered unless otherwise agreed by your Family Life Educator.

I have read and agree to the terms and conditions listed above.

Signature _____

Date _____ **Phone Number** _____

PARENTING PARTNERSHIPS FAMILY LIFE EDUCATOR:

Signature _____

Date _____ **Phone Number** _____