



Center for the Challenging Child
A Division of Anu Family Services
Main office: 901 Fourth St., Hudson, WI 54016

Fax: 855-329-2681 Phone: 651-453-0123 Please email to: tfeigal@anufs.org
Tina Feigal, M.S., Ed. Parent Coach

Intake Form

Today's Date: _____

Client Name(s): _____

Street Address: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Time Zone: Central Eastern Mountain Pacific

Occupation(s): _____

Religious preference (optional) _____

Race:

- African American
- Asian
- Caucasian
- Hispanic

- Native American
- Pacific Islander
- Two or more
- Other

Referred by: _____

May we acknowledge this referral? Yes I'd prefer not

Child: _____

Age: _____

Issues for which you'd like help:

Child: _____

Age: _____

Issues for which you'd like help:

Child: _____

Age: _____

Issues for which you'd like help:

Child: _____

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Client Coach Agreement

Please print, sign, date, and email to tina@parentingmojo.com.

What you can expect from your coach and parent coaching:

1. I will provide an initial 90-minute intake and 60-minute parent coaching sessions on a regularly scheduled basis, beginning with four total sessions, and as needed after that.
2. I will use my knowledge and experience for the betterment of your parenting or teaching relationship at all times. I will hold your family or classroom as a highly valued, healthy entity.
3. I will charge fees that are reasonable with no hidden costs.
4. I will be open for brief troubleshooting phone calls between coaching appointments.
5. I will not do therapy, as I am not a licensed therapist. Rather, I will coach you on the specifics of applying Present Moment Parenting in your home or classroom. I will celebrate your successes with you!
6. I will refer you to a therapist if it is determined to be necessary. Our parent coaching relationship may continue during the time that the therapy is taking place. If coaching does continue, we acknowledge that it is training in a specific set of skills, and is complementary to the therapy.
7. I will respect your privacy, while sharing the limits of confidentiality with you.

What your Parent Coach will expect from you:

1. You agree to participate in each parent coaching appointment at the designated time.
2. You agree to cancel or reschedule your appointment 24 hours in advance if your plans need to change. If this does not occur, it will be necessary to apply the customary charge. Call your parent coach at 651-453-0123 to reschedule.
3. You agree to report three successes to your coach at the beginning of each session. This is intended to keep you focused on success with the child.
4. You agree to pay your fees at the time of service. Payment in advance, in four-session packages, is customary. Visa and MC accepted. Payment plans and sliding fee scales are available, but no refunds.

EAP clients may ignore the statements below.

I will pre-pay for the four-session package (\$550)

or

I will pay by session for each session (\$175 for initial session, \$125 for each subsequent session).

Your Rights as a Client

In addition to the above expectations, you have the following rights:

1. To expect that your coach has appropriate qualifications, training, and experience for competent practice.
2. To request information regarding the credentials of your coach.
3. To a grievance process.
4. To be informed of cost of service before receiving coaching.
5. To privacy as defined by policy and law.

6. To be free from discrimination on the basis of race, religion, gender, or other unlawful category.
7. To have access to records completed by your coach according to Center for the Challenging Child's policy.
8. To insert information into your client file.
9. To be free from exploitation for the benefit or advantage of your coach.

Confidentiality

The Center for the Challenging Child maintains a strict policy on the confidentiality of your records. All information you share, or of which we become aware through our work with you, will remain confidential. Information will not be shared unless you have given your permission via a signed Release of Information. Anu Family Services complies with accreditation requirements through Council on Accreditation, which may require review of your records by COA staff.

There are some circumstances in which this policy becomes void, and we are required by law to release information:

- If your coach becomes aware that you may be a danger to yourself or others.
- If your coach becomes aware of child abuse or neglect.
- If your coach is subpoenaed to court to testify or your records are subpoenaed by the court.

If you have a complaint

You have a right to a fair process if you have a concern or complaint. You will have your concerns addressed in a fair and reasonable manner without fear of reprisal according to the following procedure:

1. As a client you or your family member will be the first address the concern with your Parent Coach.
2. If the concern is not resolved, you have the right to request a team meeting with Center for the Challenging Child.
3. If the concern is still unresolved, you may put the concern in writing to the Chief Operating Officer (COO) who will schedule a special meeting, which may include members of the Center for the Challenging Child team and any additional persons identified by you. The COO will complete a summary of the grievances and will issue a resolution.
4. You have a right to have all records of the grievance placed in writing in your file and copies will be sent to all involved parties.

Clients filing a grievance should receive timely written notification of the resolution. Thank you for your trust in our parent coaching services. I look forward to working with you and bringing out the very best in the intense child/children in your life!

My signature indicates I have reviewed and understand the information above.

Parent 1 Signature	_____	Date	_____
Parent 2 Signature	_____	Date	_____
Parent Coach Signature	<i>Tina Feigal</i>	Date	_____

Admin Use Only
file: CCC Client/Coach Agreement v 8.30.19

coach forward to office administrator upon completion

[Click here for the Pre- and Post-Coaching-Questionnaire](#)



Parent Coaching Agreement

Parent Coaching Program Description:

Parent coaching is an individualized service to help parents/caregivers understand, respond to, and improve their child's behaviors. This service is provided on a one-on-one basis with the parent/caregiver. The Parent Coaching service provides trauma-informed techniques using the Present Moment Parenting model to educate parents on the relationship between unwanted behavior and unexpressed feelings. Parent Coaching is a partnership between the Parent Coach and caregiver that is free of judgment or blame and helps parents develop new skills for bringing out the best in their child. The session-by-session curriculum is customized based on the needs and capacity of the individual parent/caregiver and child.

What You Can Expect from Your Parent Coach:

1. I will schedule regular appointments with you. Parent Coaching works best when we meet once weekly for an hour, but I also understand that flexibility is necessary to meet your needs. If a different schedule is preferred, I will discuss that with you.
2. I will always use my knowledge and experience to improve your parenting relationship. I will value your family highly.
3. I will be open for brief troubleshooting phone calls between coaching appointments.
4. During each session, I will highlight your successes with you. This is intended to keep you focused on the success of your child.
5. I will not do therapy as I am not a licensed therapist. Instead, I will coach you on applying Present Moment Parenting in your home.
6. I will discuss therapeutic options with you as needed. Our Parent Coaching relationship may continue during the same time you are working with other therapeutic providers. If coaching continues, we acknowledge that we will focus on developing specific skills that can complement other services.
7. I will respect your privacy by not engaging with you on social media and sharing the limits of confidentiality with you.

What Your Parent Coach Requests of You:

1. Please be prepared to participate in each parent coaching appointment at the designated time. If the session is in your home, please have a meeting space with minimal distractions, televisions off, or the volume turned down. Please let me know if you prefer to meet in a location other than your home, and we will discuss options.
2. Please cancel or reschedule your appointment in advance if your plans need to change. Contact me at _____ to reschedule. If you would benefit from a reminder for your sessions, please discuss that with me. My schedule fills up, and keeping your appointments is extremely helpful in meeting the needs of all my clients. There may be times when rescheduling an appointment for the same week will not be possible.
3. Parent Coaching is a preventive and educational service rather than a crisis intervention. If a safety concern is present during our time together, I will excuse myself and contact emergency services as appropriate.
4. Please arrange, whenever possible, for your children to be occupied during sessions. Parent Coaching is a service designed for the parents rather than the parents + children. There may be times when children will be asked to attend sessions or when their presence is unavoidable, but most of the time, the session will be between the parent and parent coach.
5. Please be mindful of pets during your parent coaching sessions. I may have a fear or allergy to certain animals. It would be helpful to have your pet put away until you discuss with me whether the pet could join us during sessions.



Community Programs Informed Consent

Anu Family Services Community Programs Informed Consent

Welcome to Anu Family Services. This document contains important information about what you can expect from Anu's community program services. Anu's community program services include Parent Coaching, Individualized Trauma Services (ITS), Community-Based Flexible Support, Youth Coaching, Psychotherapy, EMDR and TF-CBT, and Brainspotting. It also includes information on how your data is stored and shared. Although these documents are long and sometimes complex, it is important that you understand them. When you sign this document, you agree that you have been provided with specific, complete, and accurate information about the service you are enrolling in and have had time to study and seek additional information about it. Your Anu provider can discuss any questions you have when you sign or at any time.

APPOINTMENTS

Your Anu Family Services provider will meet with you approximately once weekly, at an agreed-upon time, for around 1 hour. However, session length and frequency can be flexible, given your needs. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please contact your provider at least 24 hours before your session. If possible, your provider will try to find another time to reschedule the appointment within the same week. These sessions can occur in your home or the community at places like a school, a park, or wherever privacy can be reasonably assured.

THE SERVICE

The primary way to achieve your goals is by talking together. Goals are most likely to be reached if there is trust and understanding between the provider and the client. Clients can facilitate this by disclosing concerns about what happened in or outside the session. This service rarely, if ever, involves physical contact other than a handshake or a pat on the shoulder. Although you may feel very close to your provider, this relationship is not social, and providers are discouraged from providing services to individuals with whom they have personal or social connections. Please understand that the boundaries placed on the relationship are a necessary part of the service.

Some providers recommend "homework" for the client to do between sessions. You should always let your provider know if you are uncomfortable with or confused by any homework suggested.

Providers are often not immediately available by telephone. Providers do not answer their phones when meeting with clients or are unavailable. You may leave a message on the confidential voice mail at these times, and your call will be returned as soon as possible. Providers will make all efforts to return your call within 24 hours. Providers may use a telephone service with a U.S. phone number and texting capacity. Private information will not be sent through text messaging, and client-sensitive information will not be sent via an attachment. Your provider will make every attempt to inform you in advance of planned absences. If you have an emergency, please call your service facilitator/care coordinator, call 911, or go to your local hospital emergency room.



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POTENTIAL SIDE EFFECTS

Participation in therapeutic, psychoeducational, or skills development activities carries the potential of both benefits and unpleasant feelings, from which you may experience expected or unexpected change. Participation in this service may lead to direct improvements in your life or may not. As you make changes, this may affect your usual way of living and your relationships with others. Your Anu provider will be happy to support you through the changes or refer you if mental health services are deemed appropriate.

ALTERNATIVES TO TREATMENT

It is exciting that there are more recognized alternatives to treatment than ever before. This list is not comprehensive, and many of these practices will result in better functioning when combined with your work with your Anu Family Services provider: Yoga, mindfulness and meditation, exercise, etc.

POSSIBLE CONSEQUENCES OF NOT CHOOSING TREATMENT

The consequence of choosing not to hire your Anu Family Services provider is that the situation you are experiencing may not improve. If the condition or concern you would like to change is long-standing, then not seeking treatment makes it even more likely that it will not get better. People often seek out services because they have tried to improve the situation on their own but are 'stuck.' Your Anu Family Services provider can help you get over that hump, and back to health and well-being.

PROGRAM FEES

There will be no charge from Anu Family Services for participating in our programming if you are referred for treatment through a County Human Services Department, Comprehensive Community Services (CCS), or The Children's Long-Term Waiver Program (CLTS). Anu Family Services will bill the referring agency directly for your service. If you are a private pay client, you will be informed of our service fee before you agree to service, and session fees are collected before the session.

PROFESSIONAL RECORDS

Anu Family Services is required to keep appropriate records of all provided services. All records are stored in a secure, electronic health records program. Your provider will keep brief records noting your session, including the goals and progress set for treatment, records received from other providers, copies of records Anu sends to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted or upsetting to untrained readers. For this reason, it is recommended you initially review them with your provider or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other healthcare provider at your written request.



Community Programs Informed Consent

CONFIDENTIALITY

Anu Family Services maintains a strict policy on the confidentiality of your records. Except in the situations listed below, information will only be shared outside of Anu Family Services once you have permitted us to do so via a signed Release of Information.

Following are some circumstances in which we are required by law to release information, with or without a signed Release of Information.

- If we become aware through our work that you may be a danger to yourself or others.
- If we become aware of child abuse or neglect.
- If we are subpoenaed to court to testify, or our records are subpoenaed by the court.

Policies about confidentiality and other information about your privacy rights are fully described in a document entitled Client Rights and the Grievance Procedure for Community Services. You have been provided with a copy of that document. Please inform your provider of any questions and remember that you may reopen the conversation at any time during your work with Anu Family Services.

PARENTS & MINORS

While privacy in treatment is crucial to successful progress, parental involvement can also be essential. Anu's agency policy is not to provide treatment to a child under age 13 unless they agree that the provider can share whatever information is necessary with a parent. For children 14 and older, a verbal agreement will be made between the client and the parents allowing the provider to share general information about treatment progress and skills worked on during sessions. All other communication will require the child's agreement unless there is a safety concern. The provider will make every effort to notify the child of any intention to disclose information beforehand.

TELEHEALTH SERVICES

Telehealth services may be a treatment option for your program. It is important to understand possible privacy issues or technical difficulties that could arise during a telehealth session. If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot listen to you. Your provider will use a private location, free from interruption during your session. Anu uses telehealth technology that is HIPAA compliant and designed to protect your privacy. If you use the Internet for telehealth, use a private and secure network. There is a small chance that someone could use technology to hear or see your telehealth session. There is a chance a technical problem may interrupt or stop your session. If this occurs, your provider will attempt to restart your session. If reconnect is not made within ten minutes, your provider will call you. Your Anu provider will not record your session. If telehealth is used for your session, your provider will obtain verbal consent before the start of the telehealth service. Your verbal consent will be documented in a client case note. You have the right to deny telehealth services.



Community Programs Informed Consent

TECHNOLOGY

Community Program providers will not solicit clients' private information unless it is essential to providing service. Providers will not use technology, including internet-based search engines, to gather client information. Exceptions may arise when the search is to protect the client or other people from serious, foreseeable, and imminent harm or for other compelling professional reasons. Providers will obtain the client's informed consent before making audio or video recordings of them. Providers will not post identifying or confidential client information on Anu's website or other online platforms.

OTHER RIGHTS

If you are unhappy with your service, talk to your provider. All concerns will be taken seriously and handled with care and respect. Your Client Rights and the Grievance Procedure for Community Services document provides information about Anu's grievance policy. You have the right to considerate, safe, and respectful care without discrimination regarding race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. You can ask questions about any aspects of your service and your provider's specific training and experience. You have the right to expect your provider not to have social or sexual relationships with current or former clients. You have the right to be informed of the rules, behavioral expectations, and other factors that could result in discharge from your programming. You have the right to be free from exploitation for the benefit or advantage of your provider.

CONSENT TO TREATMENT

Your signature below indicates that you received specific, complete, and accurate information and time to study the information or to seek additional information concerning the treatment proposed today.

Your signature indicates you have been given a copy of the Client Rights and Grievance Procedure for Community Programs.

I understand that I can withdraw my consent at any time in writing. Otherwise, this consent will be valid for one year from the date of signature below.

Signature of Client

Printed Name of Client

Signature of parent or guardian if the client is under 18 years of age



Community Programs Informed Consent

Printed Name of parent or guardian if the client is under 18 years of age

Signature of Anu Family Services Representative

Printed Name of Anu Family Services Representative

Today's Date

The expiration date of this agreement (one year from date signed)