



TERMS OF SERVICE

Center for Parent Coaching, BrainSpotting & Therapy LLC

1 Overview of Services

Center for Parent Coaching, BrainSpotting & Therapy LLC provides two distinct categories of services:

- 1. Educational Parent Coaching / Parent Education Services**
- 2. Clinical Mental Health Therapy Services**

These services differ in purpose, scope, documentation, and legal standing. By engaging in services, the client acknowledges understanding of these distinctions.

SECTION A

Educational Coaching / Parent Education Services

Nature of Service

Parent coaching and parent education services are:

- Educational in nature
- Skill-building focused
- Curriculum-based
- Attachment and neurodevelopment informed
- Trauma-informed

- Designed to strengthen parenting capacity and relational functioning

These services are **not psychotherapy**, psychological evaluation, parenting capacity assessment, or forensic evaluation.

No diagnosis, risk assessment, or custody recommendations are made within educational coaching services.

Scope Limitations

Educational services do not include:

- Mental health diagnosis
- Treatment of mental health disorders
- Court testimony (unless separately contracted)
- Custody recommendations
- Legal advice

If clinical concerns arise, referral to therapy services may be recommended.

Court-Ordered Participation

If services are court-ordered:

- Reports reflect attendance, engagement, and educational topics only.
 - Reports do not include diagnostic or evaluative conclusions.
 - Educational services should not be interpreted as clinical treatment.
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SECTION B

Clinical Mental Health Therapy Services

Nature of Service

Therapy services include:

- Assessment and treatment planning
- Mental health counseling

- Trauma-informed therapy
- Attachment-based interventions
- Brainspotting or other therapeutic modalities

Therapy services may include diagnosis when clinically appropriate.

Supervision Disclosure

If services are provided by:

Maxine Golden, RMFTI

Registered Marriage & Family Therapist Intern

Therapy services are provided under clinical supervision of a licensed supervisor in accordance with Florida law.

Supervisor information will be provided upon request.

Confidentiality & Legal Limits

Therapy services are confidential except in circumstances required by law, including:

- Risk of harm to self or others
 - Suspected abuse or neglect
 - Court order or subpoena
 - Mandatory reporting obligations
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SECTION C

Payment & Attendance Policies

Payment

- Payment is due at time of service unless otherwise arranged.
- Court-referred services may follow contracted billing structures.
- Missed sessions without 24-hour notice may be billed.

Attendance

Consistent attendance is expected.

Repeated cancellations or missed sessions may result in:

- Administrative discharge
- Notification to referring agency (if court-referred)

SECTION D

Telehealth Services (If Applicable)

Telehealth services may be provided via secure, HIPAA-compliant platforms.

By engaging in telehealth services, the client acknowledges:

- Technology limitations may occur
- Privacy cannot be absolutely guaranteed outside provider control
- Emergency services must be accessed locally in crisis situations

SECTION E

Emergency & Crisis Policy

Educational coaching is not crisis intervention.

Therapy services are not emergency services.

In case of emergency:

- Call 911
 - Contact local crisis line
 - Go to nearest emergency room
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SECTION F

Professional Boundaries

- Services are professional in nature.
 - Communication outside scheduled sessions is limited to administrative matters unless otherwise agreed.
 - Social media interaction is not permitted to maintain confidentiality and ethical standards.
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SECTION G

Dispute Resolution

Any disputes related to services will first be addressed through direct communication with the agency prior to legal action.

SECTION H

Acknowledgment of Understanding

By signing below, the client acknowledges:

- Understanding of the difference between educational coaching and therapy
 - Understanding of scope and limitations
 - Agreement to attendance and payment policies
 - Awareness of confidentiality limits
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Client Name: _____

Signature: _____

Date: _____

Provider Signature: _____

Date: _____

