



## Consent to Consult and Legal Release of Liability

I, \_\_\_\_\_, as the legal guardian of \_\_\_\_\_ hereby agree to the following:

I understand that Partnering with Parents LLC is not a licensed medical provider, and therefore does not give medical advice. Any medical advice should be discussed with my medical provider. Any suggestions or topics discussed during sessions will be up to me, the parent, to make final decisions using my expertise of my child's unique needs. Resources provided are intended to bring knowledge and awareness of topics related to child development and health, and do not constitute a medical treatment plan.

I understand that video conferencing and in-person sessions will be used as the platform to consult. Neither party shall record and/or save audio, video, or screenshot images of the consultations for either private or public/social media uses. Neither party will share audio, video, nor screenshot images of consultations for any reason. Failure to comply is subject to result in legal action. These guidelines are in place to protect me and my child's Protected Health Information (PHI) in accordance with the Health Insurance and Portability Act (HIPAA). The VSee video conferencing software is HIPAA compliant, and Partnering with Parents LLC holds a Business Associate Agreement with VSee to maintain HIPAA compliance. Learn HIPAA rights at [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)

I understand that Partnering with Parents LLC will not be held liable for technology issues, such as poor internet connection, resulting in loss of consultation time. To maximize my session, I am encouraged to set up equipment at least 5 minutes prior to the session start time. Additionally, I am encouraged to test out the video conferencing platform to ensure my comfort during the consultation. Partnering with Parents LLC will do their best to work through any technological issues that arise and may offer a rescheduled time at their discretion if technological issues cannot be resolved during the scheduled time.

I understand my session payment of \$107/hr covers Partnering with Parents LLC direct developmental intervention and consultation. Evaluations, typed letters of progress, and other types of services will result in additional charges that will be agreed upon prior to receiving the additional support. Payment will be *due prior* to the start of each session. Late payment will be subject to a \$5 Late Payment Fee per day overdue. A \$15 Travel fee may apply for in-person travel.

I agree to the Cancellation Fee:

- If I cancel my session more than 1 week prior to the scheduled time, I will receive a full refund.
- If I cancel 48 hours prior to the scheduled time, I will receive a 50% refund.
- If I cancel my session within 24 hours of the scheduled time, I will forfeit the total amount.

It is solely up to Partnering with Parents LLC discretion to determine if a rescheduled time can replace a forfeited refund depending on the emergency circumstances. If I need to cancel, I will email [partneringwithparentsllc@gmail.com](mailto:partneringwithparentsllc@gmail.com) with the subject heading: 'Canceling Session' with the session's date and time. For example, 'Canceling Jan 1 at 11:30am.' Refunds may take up to 10 business days to process.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This written agreement supersedes any prior oral agreements and can only be altered by the written consent of both parties.

I have the legal capacity and authorization to act on behalf of the minor named herein.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_