

**KAREN P. FREED, LCSW-C, LICSW, BC**

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**SCOPE OF SERVICES**

Consultant

The undersigned agree that they have employed Karen P. Freed, LCSW-C, LICSW, BCD to provide consultation services to them. These services may be used to facilitate the parties in navigating an initial separation, developing a narrative for talking to the children about their situation and/or drafting a parenting plan, including a schedule of access to the child(ren), and ways to make decisions regarding the child(ren). The consultant may also help in dealing with any other issues involving parenting as impacted by separation and divorce.

This service is not a crisis service. Financial matters will not be addressed as part of the consultation process.

The children may be seen by the consultant to aid her in understanding the needs of the child(ren) especially as it pertains to access to each parent. Any discussions between the consultant and the child(ren) will be held in confidence unless it is deemed by the consultant to be in the best interests of the child(ren) to share the specific information with the parents.

**Confidentiality**

The parents agree and understand that all communications, observations, and opinions between the parents and the consultant or as a result of the consultant service shall be considered confidential. If the consultant wishes to speak to a third party (e.g. attorney, therapist, teacher), the consultant will advise the parents of this request and ask that the parents sign a release to allow this communication.

The parents agree that neither of them nor anyone representing them in any capacity, or acting as an agent of either parent shall subpoena the consultant as a witness in any current or future Court proceedings or subpoena the file or records of the consultant to be used as evidence in any current or future Court proceeding. Neither parent nor anyone representing either parent will request or expect the consultant to be involved in any way with a Court proceeding, to include but not be limited to providing documentation to the Court, communicating with the Court or speaking to counsel to prepare for litigation.

**Cancellation and fees**

The parties agree that they have not employed the consultant to act as an advocate for either parent in any judicial proceeding, but have employed the consultant as a neutral person to assist them in dealing with parenting issues. The parties agree to give the consultant at least **48 business hours** notice should a meeting need to be rescheduled or cancelled. If this notice is not provided, the parties understand that the consultant will charge for the full meeting time.

The consultant is not serving as a therapist for any member of the family and cannot serve as a therapist for any member of the family. My fees as a consultant are not reimbursable by health insurance.

The parties agree to pay the consultant, Karen P. Freed, LCSW-C, LICSW, BCD at the rate of three hundred (\$300) dollars an hour. A retainer of \$2500 will be provided to Karen P. Freed at the initial meeting. If the retainer falls to \$500, the retainer will be replenished to \$2500 unless other arrangements have been made. Services as a consultant include, but are not limited to, individual and joint meetings with either or both clients, telephone conversations or emails with either or both clients, and/or third parties as described above, summaries of meetings and any preparation of written reports or documents used in the consultation process. For services beyond ten minutes (e.g. phone conversations), I charge in 5-minute increments. I accept checks or cash as payments.

I will provide you with monthly itemized statements for costs and fees incurred. Statements indicate balances on fees due. Where your statement reflects an outstanding balance, such balance, whether for fees, costs or both, is immediately payable on receipt. Please carefully examine every statement I send to you and immediately contact me with any questions or concerns. If I do not hear from you regarding a statement within fifteen (15) days after its issue date, I will proceed with the understanding that the statement is agreed by you to be fair and accurate.

**Client safety**

As a licensed mental health professional, I am required by law to report any suspected physical or sexual abuse of a child/children to the appropriate authorities. I also have a duty to warn the appropriate authorities if either of you or your child/children makes believable threats or poses a threat to himself/herself.

**Withdrawal**

I reserve the right to withdraw as your consultant if we have a material disagreement about the management of your case, or if you fail to meet your responsibilities under this agreement, including, but not limited to, your obligation to timely pay statements and comply with requests for additional advances. Should I determine that I need to withdraw, I will make every reasonable effort to protect your interests such as giving you sufficient advance notice and providing referrals as needed.

**Informed consent**

By signing below, you are agreeing that you have thoroughly read the above statement in its entirety, understand the content and agree to its terms.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature