

# CLIENT INFORMATION SHEET

Email may not be confidential. Keep this in mind whenever you are sending information over the web.

## PERSONAL INFORMATION

TODAY'S DATE \_\_\_\_\_

Your Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address

Apt Number

City

State

Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Home Phone

Work Phone

Mobil/Cell

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Relationship Status \_\_\_\_\_

Partner's Name \_\_\_\_\_ Co-Parent's Name \_\_\_\_\_

Child(ren)'s Names and Ages

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

THANK YOU

*Karen S Bonnell*  
Karen@KarenSBonnell.com

## DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT

**Welcome.** I look forward to meeting you – assisting you as you strengthen family life. I'll be working with you as a coach – utilizing a wide-range of communication and advanced conflict resolution skills as well interest-based mediation skills. I will be offering research-supported psycho-educational information, helping to generate options geared toward healthy child-centered solutions, as well providing additional resources and referrals.

Though I will be providing psycho-educational information and parent guidance, I will not be serving as a psychotherapist (or health care professional) and my interactions with you are in no way intended to establish a patient-therapist relationship.

**My input/guidance is in no way a substitute for legal or healthcare advice with a licensed professional.**

Now let me acquaint you with my operating procedures:

- Schedule – Client consultation hours are generally between 12:30 – 4pm Monday through Thursday. You may access my current OPEN appointment times through the link on the Parents page on the website.
- Fees – One-Time Consults are 90 minutes in length and billed at \$500. Follow-up consults are billed at \$300/hour (and proportioned in 15-minute increments). Work provided outside of consultations (by prior agreement) will be charged at a rate of \$300/hour – this fee will apply to all my efforts supporting you including but not limited to: meetings, conferencing with professionals, email coaching, travel time and preparing written information/reports. If you object to any charge, please notify me as soon as possible so that we can discuss.
- Payment – I may request a pre-payment fee or determine that payment at the time of service will be adequate. You may pay with cash, check or credit card. There is a payment link on the Parents page of the website.
- Appointment Times, Cancellations, No-Shows – The time that we schedule is held especially for you – individually or for both of you if scheduled as a parenting pair. You will be charged full fee for meetings that are cancelled with less than 72 hours (3 business days) notice by either party. Both parties must be present for meetings scheduled as a “joint meeting” to proceed unless previous arrangements are made. If you are late to an appointment, the remainder of the scheduled period is available for you; you will be charged at the full rate.
- Telephone Voice Mail Service – The 425/454-4510 phone number has telephone voice mail service. I pick up my messages throughout the day during business hours. Please note that email is the best method to reach me.
- Email – We will rely primarily on email for administrative purposes, scheduling, information exchange and so forth. Please remember that email is not guaranteed to be secure if you're communicating confidential information.
- Training and Approach to Assisting Families and Mediating Conflict – I have a Bachelor's Degree in Nursing (University of Michigan, Ann Arbor 1977) and a Master's of Science in Psychiatric Nursing (University of Michigan, Ann Arbor 1980). I was a licensed Advanced Registered Nurse Practitioner in the State of Washington and Board Certified by the American Nurses' Association in Adult Psychiatric and Mental Health Nursing from 1982 until February 2021, when I brought my nursing career to a close – I no longer maintain a nursing license. My mediation training was completed at Northwestern University June 2006. Collaborative Divorce Process training was completed in Gig Harbor November 2006. I am a regular provider of continuing education for health care and legal professionals on high-conflict communication, divorce/co-parent coaching, mediating child-centered and complex parenting plans and dispute resolution. I have both inpatient and outpatient experience in providing counseling/consultation for children, adolescents, adults, and families accumulated over more than 40 years of experience. I have taught at three universities, created and taught parent education for Evergreen

Hospital, Kirkland (mid-1980's), and assisted in developing advanced certification training for the Compassionate Listening Project (early 2000's) – a high conflict resolution process used around the world. If you would like more information about my professional background, please ask me and/or you may see my CV under “Education and Experience” tab on the website.

- No Guarantees – Success in building a collaborative environment is dependent on many factors. Some of those factors are; issues that are identified, the motivation of the clients to succeed, the efforts made by the clients to fulfill their responsibilities, and the clients’ commitment to constructive problem-solving. Despite these uncertainties, I will work with you and do my best to help you realize your goals for this process. I cannot provide guarantees.
- Coach’s Right and Responsibility – If at any time I believe that I am unable to work successfully with a person, I will bring this matter to your attention and bring our scheduled time to a close. You will be charged for the meeting up until the session was terminated by me. Referrals will be available upon request.
- Limitations of Subpoena Power and Errors and Omissions Liability – You will not subpoena me or any person employed by or affiliated with me to testify or provide information in any action or proceeding arising out of or connected in any way with this coaching/mediation process or any dissolution-related court action. You will not hold me liable for any error or omission in connection with this coaching/mediation process or associated documents.

## NOTICE OF PRIVACY PRACTICES

**(Please read this section carefully)**

As a form of mediation (including psycho-education/consultation), your consulting process is afforded all statutory protections that apply to other forms of mediation. This means that if your collaborative approach fails and you decide to proceed with formal litigation, the following privacy provisions will apply:

- You and/or your spouse will have the right to refuse to disclose, and may prevent any other person from disclosing, any mediation communication.
- The participants/team members in your family process may refuse to disclose, and may prevent any other person from disclosing, a mediation communication made by that participant.

See RCW 7.07. Though there may be some exceptions, the communications that will take place during your coaching / mediation process will generally be treated as privileged and will not be subject to discovery or admissible as evidence in your subsequent case.

As your mediator/consultant, I will function as a permissive reporter in the following instances:

- If I believe that you intend to physically injure yourself I will take steps to minimize your harm to yourself. This may include calling the police, a CDMHP, or whatever steps I believe are indicated.
- If you state substantial intent to physically injure another individual, I will make efforts to inform that person and also inform you of my intent.
- If I become aware of any physical or sexual abuse of a minor child, a developmentally disabled adult, or an older adult, I am required by law to notify the appropriate authority.

Signing the attached Consent for Services indicates that you have read this Disclosure Statement, initialed the Financial Agreement that follows, and agree to seek my services under these conditions. This is a legally binding agreement between us, which you are free to have reviewed by an attorney before signing. If you have any comments or concerns about signing, please address those with me directly.

Thank you again. I look forward to working with you.

Sincerely,

*Karen S Bonnell*

Karen S Bonnell, MS

## CONSENT FOR SERVICES

Client \_\_\_\_\_

Coach Karen S Bonnell, MS

I, the above-named client, assent that I have read Karen S Bonnell's *Disclosure of Information, Policies and Client Agreement* and *Notice of Privacy Practices* in full (a total of three pages). I consent to seek the services of Karen S Bonnell, MS under the conditions described in the disclosure statement. I have entered into this contract freely and know that it is the right of either me or Karen to terminate services at any time. I know that I have the right and responsibility to ask questions and receive answers regarding the nature of our work together whenever I have concerns. As part of this contract, I also agree to the following policies:

- No drugs, prescription, non-prescription, legal or illegal (including marijuana) or alcoholic beverages shall be taken prior to or during any meeting or scheduled interaction without the knowledge of the coach.
- Client is asked to notify the coach if they anticipates being delayed or absent from a meeting or scheduled interaction prior to the starting time.

Client agrees to **pay full charge for late cancellations less than 72 hours (3 business days)** and for "no show" meetings or scheduled interactions.

- Client has reviewed, agreed to, and initialed the *Financial Agreement* attached.

I understand and accept that Karen S Bonnell, MS, practices independently as an educator/mediator/consultant. Furthermore, I know that she is no longer a licensed mental health professional and has retired her license. Consequently, I understand and accept that she is not functioning as a mental health professional, generally is not available to assist me in a crisis situation and I agree to utilize other community-based support systems (i.e., the Crisis Clinic or any hospital-based emergency room, 9-1-1) in case of a crisis or emergency as needed.

I, \_\_\_\_\_ have read and agree to the above stated policies and conditions of service.

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mediator/Consultant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## FINANCIAL AGREEMENT

### Fees for Service

(Updated April 2022)

“**One-Time Consults**” are 90 minutes in length and billed at \$500.

Follow up consultations and support services (email coaching, reviewing / drafting a parenting plan worksheet and so forth) are billed as follows:

\$75 15 minutes

\$150 30 minutes

\$225 45 minutes

\$300 60 minutes

Travel Time: Minimum \$100

Email: I will respond to email within reason for no charge. Emails that require more than five minutes of time to respond to will be billed at my hourly rate (one tenth of an hour - \$30 each increment).

### Billing

Payment is requested at the time of service. Payment may be made with cash, check or credit card. Returned checks will be charged a \$40 service fee. If I'm assisting you with developing a parenting plan, the \$300 one-time cost for drafting the worksheet will be assessed prior to providing the first draft. For co-parents, you are jointly and severally responsible for payment on fees incurred.

### Payment Link

You may pay by credit card directly with me or utilize the payment link on the “Parents” page of the website (bottom right corner of the page).

### Confirming Agreement

By initialing below, you are asserting your understanding and agreement to the above policies.

\_\_\_\_\_ (initial)