



KEMP COUNSELING AND CONSULTING SERVICES

Northeast Florida Adoption Support

Dr. Shawna Kemp Haley, Ed.D, L.C.S.W.

Carissa Heck, MSW, LCSW

CONTRACT FOR SERVICES FOR ADOPTION HOME STUDY

I (We), _____, have contracted with Dr. Shawna Kemp-Haley, EdD, LCSW, Carissa Heck, LCSW and Kemp Counseling and Consulting Services to provide home study services for the purpose of adoption as required by law in the State of Florida. I (We) grant full consent for background checks, obtaining and gathering of information and release of information to parties necessary to perform this service as required by law. I (We) understand that Dr. Kemp-Haley and Ms. Heck are licensed by the State of Florida as a Licensed Clinical Social Worker and are legally permitted by the State of Florida to provide such services. I (We) acknowledge that I (We) am in no way related to Dr. Kemp-Haley or Ms. Heck by blood or marriage. I (We) have not accepted bribe for services and will be billed according to existing billing standards. I (We) further understand that Dr. Kemp-Haley and Ms. Heck have the right to professionally provide home study services as directed by the Florida Statutes for the purpose of ensuring the safety and security of the adoptive child(ren). If for any reason Dr. Kemp-Haley or Ms. Heck determine that the study concludes that the safety and/or security of the adoptive child(ren) would in any way be compromised, they have the right to report such to the judge reviewing the case. Dr. Kemp-Haley and Ms. Heck further reserve the right to immediately discontinue services if the study places her in any harm or danger with written notification and all payments are to be retained. I (We) understand that the outcome of the study has no bearing on the payment due to the licensed provider for services performed. All payments are to be made prior to services beginning and are inclusive of all services performed to include two follow-up visits post adoption placement. If the judge does not grant the adoption, payments remain as paid in full. Payments may be refunded should written notification be given that services are being sought by another professional and only after services already performed have been completely itemized and deducted from the payment made.

I(We) agree that I (We) will not hold Dr. Kemp-Haley, Ms. Heck or their affiliates responsible for the overall outcome of the study based on their professional evaluation and interpretation. I (We) will not hold Dr. Kemp-Haley, Ms. Heck or their affiliates liable for injury or harm sustained as a result of the outcome of the court’s decision regarding the adoption. I (We) further accept responsibility for complying with any recommendations as requested to ensure the overall success of the adoption.

I (We) have read and understand the above terms as written. I (We) understand that I (We) have the right to cancel this contract with 30 days written notification and after all invoices have been settled. I (We) further agree to provide information that is clear, accurate and to the best of my knowledge. By signing this agreement, I (We) understand that I (We) have legally contracted with Dr. Kemp-Haley and Ms. Heck for services and are therefore bound by the terms of the written contract as stated.

Prospective Adoptive Mother Signature: _____

Print Name: _____ Date: _____

Prospective Adoptive Father Signature: _____

Print Name: _____ Date: _____

Provider Signature: _____

Print Name: _____ Date: _____