

Kellie Ollenberger, Certified Pediatric Sleep Consultant
Queen City Pediatric Sleep Solutions
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PEDIATRIC SLEEP CONSULTING AGREEMENT

This agreement made and entered into effective _____(date) is by and between
_____ and _____("Client") and Kellie Ollenberger.

1. Consultation Services. The Client hereby employs Ms. Ollenberger to perform the following services in accordance with the terms and conditions set forth in this agreement. Ms. Ollenberger will confer with the Client about any concerns relating to the sleep plan agreed upon with the Client, including its implementation and management . Details are set out in Sections 2.
2. Terms of Agreement. This agreement comes into effect on (date)_____. Ms. Ollenberger will provide a consultation to the Client regarding the implementation of healthy sleep habits for the Client's child including the following services for the consulting package purchased.

TWO WEEK SLEEP PACKAGE- One hour phone/video consultation, customized written sleep plan and strategy to address the individual needs of the Client's child, two weeks of email support, Monday-Saturday 9 am-7 pm EST, to begin once the Client notifies Ms. Ollenberger that the sleep plan is being implemented.

Following the initial one-hour phone/video consultation, the Client will receive a customized sleep plan via email within 48 hours, unless otherwise agreed to between Ms. Ollenberger and the Client. The Client will review the sleep plan and have the opportunity to ask questions and clarify any concerns with Ms. Ollenberger by phone or email. The Client agrees to follow the plan as written and commit to working with Ms. Ollenberger for a two-week period to establish healthy sleep habits for the Client's child. Following notification from the Client as to when the sleep plan will be implemented, Ms. Ollenberger will provide support, as outlined above, to end two weeks from the date of implementation of the sleep plan, regardless of whether the Client uses the time. The Client has two weeks to start implementation of the sleep plan. After this point, Ms. Ollenberger cannot guarantee availability for follow-up support and there will be no refund provided to the Client. Ms. Ollenberger reserves the right to terminate the agreement if the client breaches any of the terms of this agreement. There will be no refund given, either full or partial for unused time or support.

1. Consulting with a Client's Health Care Provider. The Client agrees to consult with the Client's pediatrician or family physician, about the Client's intention to sleep train and implement the sleep plan with the Client's child prior to sleep plan implementation. It is the client's responsibility to rule out any underlying medical conditions with the Client's health care provider that may be causing sleep problems (including, but not limited to sleep apnea, ear infection, allergies, asthma), as well as ensure that the health care provider has advised that the Client's child is healthy, gaining weight appropriately, is thriving, and that it is appropriate to implement the sleep plan that

may include ceasing night feedings. The Client agrees to notify Ms. Ollenberger of any medical changes during the sleep training process as sleep training should not be implemented unless the child has a healthy diagnosis from a health care provider.

2. **Liability and Disclaimer.** The information provided by Ms. Ollenberger is neither intended, nor is implied to be a substitute for professional medical advice. This consultation is intended as an educational service. The Client is advised to always seek the advice of a physician or other qualified healthcare provider with any questions you may have regarding a medical condition or the health and welfare of the Client's child. Ms. Ollenberger will use reasonable efforts to include up-to-date and accurate information in consults, but makes no representations, warranties, or assurances as to the accuracy, currency, or completeness of the information provided. Ms. Ollenberger shall not be liable for any damages or injury resulting from the Client's access to, or inability to access the information discussed, or from the Client's reliance on any information provided by Ms. Ollenberger. This consultation may provide references to other materials and resources but Ms. Ollenberger will have no responsibility for the content of such other references and shall not be liable for any damages or injury arising from that content. Any references provided by Ms. Ollenberger are provided as merely a convenience to the user.
3. **Payment to Ms. Ollenberger.** Ms. Ollenberger will be paid the flat rate of USD\$_____ for the work that will be provided in accordance with this agreement. Ms. Ollenberger will provide an invoice outlining all services to be rendered and collect payment, in full, before the initial consultation with the Client. No refund, either full or partial, will be given after the consultation. The Client will have the option to seek additional support from Ms. Ollenberger, if required, at a rate dependent upon the level of support being sought.
4. **Confidential information.** Ms. Ollenberger agrees that any information received by her during any furtherance of her obligations in accordance with this agreement which concerns the personal, financial, or other affairs of the Client will be treated by Ms. Ollenberger in full confidence and will not be revealed to any other persons or organizations without the written consent from the Client. The Client agrees to keep the sleep plan provided by Ms. Ollenberger for the Client's personal use and will not share the content of the sleep plan with outside parties without written consent from Ms. Ollenberger, with the exception of the Client's health care provider and any fellow caregivers of the Client's child.
5. **Parent Commitment.** The client understands that their commitment to this process is absolutely necessary in order to see the results they are hoping for in regards to their child's sleep.
 - a) The Client agrees to follow current recommendations from the American Academy of Pediatrics Safe Sleep practices.
 - b) The Client understands that Ms. Ollenberger encourages and enjoys updates from them, and that it is their responsibility to correspond with Ms. Ollenberger.
 - c) The Client is required to fill in the sleep log, daily, by 10:00 AM, in order to receive the support necessary for success.

- d) The Client will bring up any concerns, doubts, or confusion in regard to the sleep plan developed with Ms. Ollenberger, and as soon as possible, so the Client and Ms. Ollenberger may address them constructively and work together to achieve the goals.
- e) The Client understands that Ms. Ollenberger is generally available to answer questions on weekdays during the business hours, and that correspondence received in the evening, night, holidays, and weekends will generally be answered the next business day.

8. Signature. Both the Client and Ms. Ollenberger agree to the above agreement.

Client Name

Signature

Consultant Name

Signature