

## **Coaching Agreement & Informed Consent**

Welcome to my life skills coaching practice. I am committed to helping you toward whatever your outcome is for our time together. A life skills coaching situation offers a unique relationship between the two of us. In order that we start our relationship in a healthy way, I have put together this document to ensure that there are no misunderstandings about the various aspects of my life coaching. The following information is meant to answer any questions you may have regarding my policies and procedures. *Please do not hesitate to ask any questions regarding goals, procedures, or any other concerns you may have.*

**Background and Services.** - I am a Licensed Marriage and Family Therapist in the state of Arizona and the services I offer include Coaching or TeleCoaching on topics dedicated jointly with you, the client. The purpose of coaching is to develop and implement strategies to help you reach personally identified goals of enhanced performance and personal satisfaction. Coaching may address specific personal projects, life balance, job performance and satisfaction, or general conditions in your life, business, or profession. Coaching utilizes personal strategic planning, values clarification, brainstorming, motivational counseling, and other counseling and consulting techniques.

**Financial.** - Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered at the end of each coaching session. Fees are based on 60-minute session hour. **Currently, the fee for 60-minute individual coaching or telecoaching session is \$125.00, \_\_\_\_ (please initial).** I reserve the right to change my fees with 30 days notice and to use the services of a third-party collections service, when necessary. Refunds are not made after the services have been rendered. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have any concerns.

**Appointments** - Coaching is scheduled at the mutual convenience of the coach and the client. The day and time for the next session will be scheduled at the close of each coaching session. If you need to cancel or reschedule an appointment, please notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. ***You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$75.00 (\_\_\_\_ please initial). Repeated late cancellations or missed appointments will be billed at the full fee of \$125.00 and may result in termination of further coaching sessions.***

**Purpose, limitations, and risks of treatment.** -I offer personal consultation/coaching that looks at each aspect of your life that is important to you, with the aim of improving your general well being. These could be: family, work, relationships, health, finances, life/work balance, spirituality, personal growth, hobbies and interests, or anything else that is important to you?

## Joy Counseling and Consulting, LLC

I will use my psychotherapy training and practical style to help you improve and find purpose in your overall lifestyle. I will meet you where you are and I will work with you, as a collaborator, to help you define, clarify and realize your goals.

My purpose is to help you close the gap between where you are right now and where you want to be in the future.

**Insurance -** I am an out-of-network provider and I do not accept third-party reimbursement from health insurance carriers. I do not accept assignment of benefits, nor do I participate in managed care insurance plans (HMO's or PPO's). If you have insurance that provides coverage for my services, I will gladly discuss the coaching or telecoaching services you receive from me if your insurance company calls me and you provide me with a release granting me the right to talk with them. I do not call to request authorization. You are responsible for contacting your carrier, securing necessary forms, filling them out, and sending them back at your expense. You are responsible for paying for all coaching services in full prior to submitting any insurance claims. Some insurance providers and company flex plans provide full or partial coverage for coaching or mental health services. Your insurance or flex plan is a contract between you and your insurance company or corporation. It is not an agreement between the insurer and my practice. I will be happy to furnish you with a receipt that can be used for filing your own insurance.

**Privacy, confidentiality, and records.** - Ordinarily, all communications and records created in the process of coaching or telecoaching are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child or vulnerable adult abuse or neglect is involved. I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While *no identifying information* is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the approaches and methods.

**Consent for evaluation and treatment.** – Consent is hereby given for evaluation and treatment under the terms described in this consent document and it is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

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

For office use only - verification that client has read and understands informed consent document

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_