



CLIENT CONSENT FOR LIFE COACHING

Please READ, SIGN and EMAIL back before your first session

INFORMED CONSENT

Life Coaching is an interactive process between client and provider that brings many wonderful benefits. Fresh perspectives on personal challenges, enhanced decision-making skills, greater interpersonal effectiveness and increased confidence are only some of the many benefits. Coaching is defined as partnering with clients in a thought-provoking and creative process that inspires clients to overcome core issues and maximize personal and professional potential. Coaching honors the client as the expert in his/her life and work. Life coaching sessions honor the perspective that every client is creative, resourceful and whole. The process of life coaching helps clients dramatically improve their happiness and works towards unlocking each person's innate connection to self, others and the world. Sometimes this process can be emotionally painful, and at other times, very fulfilling. You will be expected to contribute to all decisions regarding services and goals. You have the right to refuse or alter any service and intervention. While I will use my best efforts to assist you, the nature of services is that there can be no assurances of results and no promises can be made regarding the outcome of any services provided. There is no guarantee, expressed or implied, and no refund of any money paid, due to non-results and/or undesired results due to the sessions you have received. You are encouraged to question the rationale of any services and discussion if these seem unclear to you. Life coaching services are not licensed nor regulated by a government body. In signing this document, you understand that life coaching sessions are not reimbursable by insurance companies. Your life coaching provider is not a medical doctor. By signing this document, you represent that you are in good physical and emotional health and have no medical reason/diagnosis that may prevent you from gaining the benefits of life coaching. You acknowledge that life coaching services are not mental health counseling. If experiencing symptoms of a mental health diagnosis, you agree to seek mental health counseling. If a life-threatening crisis should occur, you agree to call 911 or go to a hospital emergency room. In addressing all of your needs, I reserve the right to terminate our professional relationship and refer you to another resource if I am unable to meet your needs at any time. Whenever this is necessary, I will attempt to do this in person, however I reserve the right to inform you in writing if necessary. By signing this consent, you give permission for life coaching services in person and/or via telepractice, such as telephone and/or other video conferencing programming (hereinafter "telepractice"). Telepractice has limitations and risks, including but not limited to inherent confidentiality risks of electronic communication and the potential for technology failure. Telepractice via internet-based video conference providers claim to have safeguards in place to protect your personal information from unauthorized disclosure, however you acknowledge that this form of communication may not be completely confidential and there are also the possibilities of viruses, Trojans or other malicious software that may obtain your private information on your computer system and release and/or use your information without your knowledge. Additionally, you acknowledge that there may be other risks associated with telepractice that are unknown at this time.

FEE RATE

The basic fee is **\$120 per 45 - 50 minute session** for individual and/or family life coaching session **with one person** present in session. **Family life coaching sessions with two or more** people present is a fee of **\$160 per 45-50 minutes** session. Longer sessions (also known as double sessions, about 90 minutes in length) are available and are prorated from those basic fees. By signing this document, you agree to pay for all services in full with the knowledge that life coaching services are not reimbursable via health insurance, Medicaid and/or Medicare. Please be advised that there will be a fee charged for any phone call returned to discuss anything other than the changing of appointment times. **Out-of-session phone**

calls will be billed at a fee of **\$30 for 15 minute increments (other than phone calls to schedule appointment times)**. Other work such as written reports or phone consultations with other providers is billed in 15 minute increments at a rate of \$30.00/15 minutes. Work done outside of our regularly scheduled appointment will be billed at the time the service is provided. Payment for such work is expected at the time of billing unless otherwise negotiated. If at any point in time you become unable or unwilling to continue paying for my service, I reserve the right to terminate our professional relationship and refer you to another resource. Whenever this is necessary, I will attempt to do this in person, however I reserve the right to inform you in writing if necessary. Any fees that are outstanding may be sent to collections.

CONFIDENTIALITY

All sessions are completely confidential in accordance with law and recognized professional standards. You understand that there are certain circumstances when the confidential nature of our life coaching sessions may not be honored. Specifically these are: 1) When you disclose that you are the perpetrator or victim of neglect or abuse; 2) When you make a threat toward your own or someone else's physical health and/or safety (this may include sexual behavior or drug use that may expose you or others to the AIDS virus); 3) You are under age 18 and a parent or guardian is involved; 4) Local, State or Federal law and/or the Court requires disclosure; 5) You give me your written authorization. If you provide me your written authorization to communicate with others outside your presence, you may revoke your written permission by writing and requesting such. If you revoke such permission, you understand that I cannot take back any uses or disclosures I have already made with your permission. All information you provide your provider with is considered confidential information.

If you need to communicate with me regarding scheduling and/or sessions, you agree to call or email me at your convenience. I make myself available to you via phone calls and emails, however I will not be able to communicate with you via text messages. By signing this agreement, you are aware that telepractice and communication via email on a Gmail/GoDaddy platforms, FaceTime, Skype, WhatsApp or any other server or method, is not completely confidential and your privacy is at risk.

PAYMENT METHOD

The client (or responsible party) is considered responsible for payment of professional services. You may pay by **cash or debit/credit card**. Payment is expected at the time services are rendered or before. If payment is not received at the time services are rendered, the debit or credit card on file will be charged for the services.

MISSED APPOINTMENTS

My practice is limited and, as a result, I often refer new clients to other providers because of the time commitment I've made to you. If you are unable to keep an appointment, please notify me immediately by phone call or email. Text messages are not permitted, as my phone number does not accept text data messages. Cancellations must be made with 48 hours notice or more (during Monday-Friday business hours) of the appointment date and time. Therefore, if your appointment is Wednesday at 11am, cancellation must occur prior to that Monday, before 11AM. If your appointment is Monday at 11am, your appointment must be cancelled by the Thursday of the week prior before 11am. If an appointment is canceled or missed **without 48 hours prior notice, you will be billed for the missed session at the rate of \$75. Third and subsequent late cancellations or missed appointments will be billed the full fee.** When an appointment is cancelled, I will use the 48 hours+ notice to reach out to other clients in order to fill that appointment time.

CONSENT

I, voluntarily, agree to life coaching services through Evolve MindBody Wellness. I understand and agree that I will participate in the planning of these services and that I may stop services at any time. By signing this consent form, I acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification on anything unclear to me.

Client Signature

Date

Client Information

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Email Address: _____

Cell Phone: _____ **Other Phone:** _____

Date of Birth: _____

Any additional information you would like to share (personal notes, goals, medical conditions etc.):

