



Coaching Agreement

The purpose of this document is to solidify an agreement between client and coach, Sarah Hager of Essence Health & Wellness, LLC, whereby Coach agrees to provide coaching services for Client.

Date _____ Client Name _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Preferred Phone Number _____ Preferred Email _____

In case of an emergency, whom may we contact?

Contact Name _____ Contact Phone Number _____

Employer/School _____ Who referred you to us? _____

What are you seeking coaching for? _____

Description of Coaching: Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

Responsibilities:

- A. Coach agrees to maintain the ethics and standards of behavior established by the International Coach Federation “(ICF)”.
- B. Client is solely responsible for creating and implementing their own physical, mental and emotional well-being, decisions, choices, actions and results. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. **Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.**
- C. Client acknowledges that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and will seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.
- D. The Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.

Services:

The parties agree to engage in a regular Coaching Program through in-person, internet, or telephone meetings. Coach will be available to Client by e-mail, text and voicemail in between scheduled meetings and respond Mon-Fri between 9:00am and 4:00pm. Coach may also be available for additional time, per Client’s request, on a prorated rate per hour basis (for example: reviewing documents, reading or writing reports, engaging in other Client related services outside of coaching hours).

Schedule and Fees:

- The fee is \$100/individual session or \$350/4 sessions which will be charged within 24 hours of the appointment time.
- Coaching sessions are approximately 45-60 minutes. (If rates change before this agreement has been signed and dated, the prevailing rates will apply.)
- 24 hour notice is required for cancellations and re-schedules. Same day cancellations and no-shows will be charged in full.

Procedure: The time of the individual coaching meetings and/or location will be determined by Coach and Client based on a mutually agreed upon time.

- If sessions are by phone, the Client will initiate scheduled calls and will call/connect with the Coach at the following number **651-564-0042** and Coach will provide call-in details prior to the first call.
- If sessions are by HIPAA secure online video, video call will be initiated through Practice Better. Details will be included in session reminders.

GROUP calls will be via telephone. Individuals will receive call-in information prior to the first time they join the group.

If the Coach will be at any other number for a scheduled call, Client will be notified prior to the scheduled appointment time.

I, Client, understand that I am financially responsible today for all charges or services provided to me. I realize that if I do not give 24 hour notice prior to cancellation of appointment, I will be fully charged for the appointment. In the event of a balance past due, an outside agency will handle collections.

I want the fee to be charged to my card. Card number _____ Exp Date _____

Name on the card _____ Billing Zip code _____ V-code on back of card _____

Signature _____ Date _____

Confidentiality: This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality set forth in the ICF Code of Ethics but is not considered a legally confidential relationship (like the medical and legal professions). The Coach agrees not to disclose any information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without the Client's consent.

Confidential Information does not include information that: (a) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client's industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose. **The only exceptions to this confidentiality policy are: 1) Client's disclosure of abuse to a minor, the elderly or mentally impaired, 2) Client's disclosure of intent to harm self or others 3) Client's disclosure of illegal activity or threat to national security.**

I understand that no recording of sessions is permitted and is illegal in most cases without consent. I acknowledge I am not recording, in any manner, my individual or group coaching sessions without written consent.

Release of Information: The Coach engages in training and continuing education pursuing and/or maintaining ICF (International Coach Federation) Credentials. That process requires the names and contact information of all Clients for possible verification by ICF. By signing this agreement, you agree to have only your name, contact information and start and end dates of coaching shared with ICF staff members and/or other parties involved in this process for the sole and necessary purpose of verifying the coaching relationship, no personal notes will be shared.

Client Agrees _____ Client Refuses _____

According to the ethics of our profession, topics may be anonymously and hypothetically shared with other coaching professionals for training, supervision, mentoring, evaluation, and for coach professional development and/or consultation purposes.

Cancellation Policy: Client agrees that it is the Client's responsibility to notify the Coach 24 hours in advance of the scheduled calls/meetings. Coach reserves the right to bill Client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.

Termination: Either the Client or the Coach may terminate this Agreement at any time with 1 week written notice. Client agrees to compensate the Coach for all coaching services rendered through and including the effective date of termination of the coaching relationship.

Limited Liability: Except as expressly provided in this Agreement, the Coach makes no guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the Client for any indirect, consequential, or special damages. Notwithstanding any damages that the Client may incur, the Coach's entire liability under this Agreement, and the Client's exclusive remedy, shall be limited to the amount actually paid by the Client to the Coach under this Agreement for all coaching services rendered through and including the termination date.

I, Client, understand that no materials are required for individual coaching or an ongoing coaching relationship and if I choose to purchase materials, I do so without influence from Sarah Hager. If I participate in groups, I am responsible for purchasing workbooks that align with the purpose of the group's work.

This is the entire agreement between the Coach and the Client and reflects a complete understanding of the parties with respect to the subject matter. This Agreement supersedes all prior written and oral representations.

Please sign and return one copy of this Client Agreement prior to the first scheduled coaching meeting. Retain one copy for your records and mail or email the other to coachsarah.essencehealthywell@gmail.com prior to your first session:

I have read the above information and understand my rights as a client. I also acknowledge that I have received a copy of this disclosure statement

CLIENT

Client Printed Name _____

Client Signature _____ Date _____

If Client is under age 18, parent/guardian signature is required.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

COACH

Coach Printed Name _____

Coach Signature _____ Date _____