Disclosure Statement and Consent to Coaching Services

**My Training and Credentials:**

I have worked in the mental health field for over ten years; eventually transitioning to providing coaching services. I received my coaching certification from Youth Coaching Institute; priding myself on evidence-based coaching. While I work with high school age clients and up, working near two colleges for several years now, I’ve developed a passion for working specifically with college students and their struggles with this big transition in life. Issues I am most passionate working with clients on are coping with anxiety, improving social skills and increasing productivity and organization.

**Coaching Details:**

Coaching sessions frequency are determined by clients and their determination of how many sessions are needed to help them reach their goals. In the initial session, clients identify areas of their lives they would like to improve on and specify what these changes would look like. Sessions are solution-focused and client lead. As the coach, use powerful questions, make observations, and provide evidence-based education to help clarify clients’ values and strengths, promote more awareness into their problems, identify barriers and encourage clients to explore new coping skills and solutions to their problems.

**Client Rights and Responsibilities:**

Coaching sessions can be purchased individually as well as a package of sessions at a discounted rate. Payment for individual sessions will be charged at the end of the session, while session packages are charged before sessions start. While I respect your chose to end coaching services at any time, **unless a single session is cancelled 48hours in advance, you are responsible for a no-show/late cancellation fee of $75. Payments for packaged sessions are non-refundable.**

Information discussed in session or written on forms will be kept confidential, not being revealed to any other person or agency without clients’ written permission. However, there are a few circumstances that that I will share information obtained in sessions without your permission. These exceptions include: if you threaten serious bodily harm to yourself or to another person, if I am subpoenaed by a court of law to provide specific information or if there is information revealed about an abused or neglected child or vulnerable adult.

After you have read this information and have received satisfactory answers to any questions that may have surfaced, please sign this contract below. Anyone over the age of 18 must sign this form in order to be treated. Parents or legal guardians must sign for persons under 18 years old.

I have read and understand the information provided in this document and agree to the procedures and conditions outlined. I understand that I may terminate therapy, at any time and will be financially responsible for those sessions already completed.

Patient name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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