



**Coaching Agreement & Informed Consent**

*Please fill this out, sign it, and scan/email to michelle@counselingtheeastside.com*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_

Which Number would you prefer to be called? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Single, Married or Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Others living at home? \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

How long have you worked at this job? \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Specialty training:  
\_\_\_\_\_

Primary Skills and Talents:  
\_\_\_\_\_

List any significant Health Problems:  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you are presently taking and the dosage:  
\_\_\_\_\_  
Are you now, or have you ever been in therapy? Yes No If yes, When? \_\_\_\_\_

Brief description of issues worked on:  
\_\_\_\_\_  
\_\_\_\_\_

Have you had coaching/consultation before? Yes No If yes, when? \_\_\_\_\_  
Brief description of issues worked on:  
\_\_\_\_\_  
\_\_\_\_\_



Referred by (business, internet, consultant, friend, etc)

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Please check all that concern you at this time:

- |   |   |
|---|---|
| <input type="checkbox"/> Work/Life Balance          | <input type="checkbox"/> Work/Skills Congruency           |
| <input type="checkbox"/> Unrealized Goals           | <input type="checkbox"/> Feeling Stuck                    |
| <input type="checkbox"/> Public Speaking            | <input type="checkbox"/> Communication                    |
| <input type="checkbox"/> Lack of Motivation         | <input type="checkbox"/> How you come across to others    |
| <input type="checkbox"/> Lack of Passion            | <input type="checkbox"/> Career Transition                |
| <input type="checkbox"/> Lack of Support            | <input type="checkbox"/> Purpose, Meaning, Life Calling   |
| <input type="checkbox"/> Interpersonal Difficulties | <input type="checkbox"/> Relationships                    |
| <input type="checkbox"/> Decision Making            | <input type="checkbox"/> Parenting                        |
| <input type="checkbox"/> Stress Management          | <input type="checkbox"/> Marriage or Dating Relationships |
| <input type="checkbox"/> Confidence                 | <input type="checkbox"/> Leadership Challenges            |

Briefly state what you hope to accomplish during coaching:

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Please state challenges you want help with: \_\_\_\_\_

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**COACHING INFORMED CONSENT**



**Financial Agreement:**

Your fee per session is \$135 per 50 minute coaching or consultation session. Fees are subject to change annually.

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

**Policies:**

Twenty-four hours notice is required for cancellation or you will be charged the regular session fee. After two consecutive absences, Mrs. Hollomon may, at her discretion, refer you to another coach. Also, Mrs. Hollomon may refer you to another coach, at any time, at her discretion, as it is your right, as a client, to withdraw from the coaching program.

Payment is due in full at the time of each session. First evaluation session is \$165 and all coaching sessions thereafter is \$135. You may pay by cash, check, or credit card. Mrs. Hollomon accepts Visa and Mastercard. To save time in session, you may provide her with your credit card number, and she will bill out sessions only as they are used by you, or for the sequence of sessions you authorize.

Charges will be added to your account for other professional services which you authorize, such as phone contacts (over 5 minutes), preparation of special forms, reports, driving time, e-mails, etc. The fee for these services is the same as your agreed upon fee above, per quarter hour increments.

**Emergencies**

Mrs. Hollomon checks in with her answering service/voice mail several times a day. She generally does not return calls on weekends, or Fridays. In the case of a mental health emergency and you cannot reach her, you can call one of the emergency numbers listed below.

**National Suicide Crisis Hotline: 800-784-2433**

**Nearest Emergency Room: 911**

**Confidentiality Statement**

No personal information is shared with clients' peers, employer or supervisors. Your relationship with Michelle Hollomon is important and confidential. Information cannot be released regarding your counseling without your written consent unless disclosure is required by state law in the following instances, a) In the event of a medical emergency, emergency personnel or services may be given necessary information.

b) In the event of a threat to harm oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom the threat is made.



- c) In the event of suspected child or elder abuse, the proper authorities must be contacted. The actions do not have to be witnessed to be reported.
- d) If ordered by a judge or other judicial officers, information regarding the client's treatment must be disclosed.
- e) If an attorney in the State of Washington subpoenas records, they will be released unless the client files a Protection Order within 14 days of the subpoena.
- f) In the event of the client's death or disability, information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.
- g) In the event the client reveals the contemplation or commission of a crime or harmful act, the therapist may release that information to the appropriate authorities.
- h) In the case of a client who is a minor, information indicating that the client was the victim of a crime may be released to the proper authorities.

Client Information: The Client should be aware that it is impossible to protect the confidentiality of Client information which may be transmitted electronically, i.e., electronic mail and other information stored on computers connected to the internet, by cordless or mobile telephones and similar telecommunication and computer equipment. Therefore, it is agreed between The Client and The Coach that unless The Client utilizes encryption and other forms of security protection, The Client waives any action legal or otherwise against The Coach and holds The Coach harmless for any interception of Client information resulting from the use of the above-mentioned equipment.

### **Coaching Goals:**

The services to be provided by the coach to the client are face-to-face or telephone coaching, as agreed jointly with the client. Coaching may address specific personal or relational struggles, business issues, or general conditions in the client's life or profession. Other coaching services include value clarification, brainstorming, identifying plans of action, examining modes of operation in life, asking clarifying questions, and making empowering requests or suggestions for action, and personal relationship support. Additionally, the client may be asked to reflect on difficult topics or situations which may result in an expression of emotions.

Throughout the working relationship, the coach will engage in direct and personal conversations. The client understands that successful coaching requires a co-active collaborative approach between client and coach. In the coaching relationship, the coach plays the role of a facilitator of change, but it is the client's responsibility to enact or bring about the change.



If the client believes the coaching is not working as desired, the client will communicate this with the coach as soon as possible and the coaching strategy will be restructured to address the client's desired outcome of coaching.

In addition to being a Coach, I am also a licensed counselor in the State of Washington with training and experience in diagnosing and treating emotional and psychological problems. Although there are some similarities between Coaching and psychotherapy, I, as The Coach, will not conduct psychotherapy under most circumstances with my coaching clients. Coaching and psychotherapy are different modalities of counseling, and it is important that you as The Client understand the differences between them. Although both Coaching and psychotherapy utilize knowledge of human behavior, motivation, behavioral change, and interactive counseling techniques, there are major differences in the goals, focus, and level of professional responsibility.

I, The Coach, adopt The International Coach Federation's definition of coaching quoted in part which is as follows:

"Professional Coaching is an ongoing professional relationship that helps people produce extraordinary results in their lives, careers, businesses or organizations. Through the process of coaching, clients deepen their learning, improve their performance, and enhance their quality of life."

In each meeting, the client chooses the focus of conversation, while the coach listens and contributes observations and questions. This interaction creates clarity and moves the client into action. Coaching accelerates the client's progress by providing greater focus and awareness of choice. Coaching concentrates on where clients are now and what they are willing to do to get where they want to be in the future. Coaches recognize that results are a matter of the client's intentions, choices and actions, supported by the coach's efforts and application of the coaching process.

You can expect that I, your Coach, will be honest and direct, asking straightforward questions and using challenging techniques to help you move forward. You are expected to evaluate your own progress; and, if the coaching is not working as you wish, you should immediately inform me, your Coach, so that we can both take steps to correct the problem. As with any human endeavor, coaching can involve feelings of discomfort and frustration which may accompany the process of change. Coaching does not offer any guarantee of success.

### **Limitations of Coaching**

If emotional distress, anxiety, depression or any type of mental illness prevents functioning at a clinical level, coaching will be halted and a referral will be made to an appropriate mental health



professional. Psychotherapy is a health care service. Its primary focus is to identify, diagnose, and treat mental disorders. The goals include alleviating symptoms, understanding the underlying personality dynamics which create symptoms, changing the dysfunctional behaviors which are the result of these disorders, and helping patients to cope with their psychological problems.

It is understood and agreed to by The Client and The Coach that if either of us recognizes that you, The Client, have a problem that would benefit from psychotherapy, I, The Coach, may refer or direct you to appropriate resources in addition to or in lieu of Coaching. In some situations as a condition of my continuance as your Coach, I may insist that you enter psychotherapy and that I have your consent to discuss matters which concern you with your psychotherapist. It is further understood that, as The Coach, I am not obligated to provide you, The Client, with psychotherapy services.

**Mutual Nondisclosure:** The Coach and The Client mutually recognize that they may discuss The Client's future plans, business affairs, customer lists, financial information, job information, goals, personal information, and other private information. The Coach will not voluntarily communicate The Client's information to a third party. In order to honor and protect the Coach's intellectual properties, The Client expressly agrees not to disclose or communicate any proprietary information about the Coach's practice, materials, or methods to any third parties. The Coach and The Client agree to be bound by this mutual nondisclosure agreement during and after the termination of the Coaching relationship.

**Dispute Resolution:** It is agreed between The Client, his or her assigns, family and estate and The Coach that any controversy or claim arising out of or relating to The Agreement, or the breach of this agreement, shall be settled by arbitration by an accredited individual or organization with an arbitrator whom we mutually agree upon. And, the arbitration may occur by telephone.

Your signature below, as The Client, acknowledges that you have read the information contained in The Agreement and Informed Consent; and indicates your assent to the terms of The Agreement; and signifies your assurance that you will abide by its terms during our professional Coaching relationship.

The Client \_\_\_\_\_ Date \_\_\_\_\_

The Coach \_\_\_\_\_ Date \_\_\_\_\_