Christine Sumner Coaching & Hypnosis

Welcome!

Welcome to coaching as my client. I look forward to working together. There are a few guidelines that I expect clients to maintain in order for our relationship to work. If you have any questions, please call me.

Fee	Clients pay me on time unless prior arrangements have been made. Payment may be made by check or credit card.
Procedure	My clients come to in-person sessions and calls on time. Come to the session or call with updates, progress, and current challenges. Let me know what you want to work on, and be ready to be coached. Make copies of the enclosed client prep form and e-mail a completed form before each session/call. The agenda is client generated and coach supported.
Changes	My clients give me 24 hour notice if they have to cancel or reschedule a session or call. If you have an emergency, we will work around it.
Extra Time	You may call between sessions if you need "spot coaching", have a problem, or can't wait to share a win with me. (You can also e-mail me). I enjoy delivering this extra level of service. I do not bill for additional time of this type, but I ask that you please keep the extra calls to five minutes. When you leave a message, let me know if you want a call back or if you are just sharing.
Problems	I want you to be satisfied with our relationship. If I ever say or do something that upsets you or doesn't feel right, please bring it up. I promise to do what is necessary to have you be satisfied.
A Must	It is necessary for the client to implement the coaching that is given to feel that coaching is a success. You have hired a coach to do things differently than you ever have before. If you choose to not use the coaching and keep doing what you have always done, you will get the results you have always gotten.

Christine Sumner Coaching & Hypnosis Life Coaching Client Service Agreement

To my client: Please review and sign where indicated.

NAME:

LIST OF SERVICE RATES:

- \$150PER 60-90 MINUTE ENERGY MEDICINE SESSION\$80PER 50 MINUTE HEART-CENTERED COACHING SESSION\$140PER 55 MINUTE INITIAL APPOINTMENT FOR HYPNOSIS/HYPNOTHERAPY\$160PER 60-90 MINUTE HYPNOSIS/HYPNOTHERAPY SESSION
 - <u>\$ 150</u> PER 60-90 MINUTE PLANT ORACLE SESSION
 - <u>\$ 150</u> PER 50 MINUTE HEART-CENTERED READING SESSION
 - \$ SLIDING SCALE SESSION FEES \$80/\$160/\$240/\$320 SESSION

PROTOCOL:

- 1. CLIENT ATTENDS APPOINTMENT AT THE SCHEDULED TIME.
- 2. CLIENT PAYS FEES IN ADVANCE.
- 3. YOUR SESSION WILL LAST UP TO THE TIME WE HAVE SCHEDULED. PLEASE HONOR THIS TIME FRAME. IF YOU FEEL YOU NEED MORE TIME, YOU MAY SET UP ANOTHER SESSION.
- As a client, I understand and agree that I am fully responsible for my well-being during my life coaching calls and sessions, including my choices and decisions. I am aware that I can choose to discontinue life coaching at any time. I recognize that life coaching is not psychotherapy and that professional referrals will be given if needed.
- 2. I understand that "life coaching" is a relationship I have with my coach that 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.
- 3. I understand that life coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, religion, spirituality, education, and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
- 4. I understand that coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.
- 5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with this person regarding the advisability of working with a life coach and that this person is aware of my decision to proceed with the life coaching relationship.
- 6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law:

Limits of Confidentiality:

- I may occasionally find it helpful to consult other coaches and mental health professionals about a client. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These are some situations where I am permitted or required to disclose information without either your consent or authorization.

- There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about our coaching relationship.
- If I have reason to believe that a child has been abused, the law requires that I file a report with the child protective agency. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client. If such a situation arises, I will make every effort to fully discuss it with you before taking any action, and I will limit my disclosure to what is necessary.
- Adult and Domestic Abuse If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report that belief to the appropriate authority.
- 7. I request your permission to keep a confidential copy of the Life Coaching Client Service Agreement, Client Data Form, Goals Sheet, and Session Preparation Forms for my records. I will also plan to keep brief progress notes regarding the content of our sessions, copies of all correspondence, and copies of exercises/activities completed in our coaching relationship.
- 8. I request your permission to keep a confidential record of your name, phone number or email address in order to meet the requirements for coach credentialing by the International Coach Federation www.coach-federation.org. This information will be utilized strictly for the purpose of meeting these requirements and, following the credentialing process where two assessors will validate my list and subsequently destroy the two copies, only the master list will be maintained within secure files of the ICF. I agree to allow my coach to document the coaching hours with me for submission to the ICF for certification as a coach.
- 9. I understand that life coaching sessions are not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and my actions regarding them are my responsibility.

10. Cancellation Policy:

If you fail to cancel a scheduled appointment, this time cannot be used for another client; therefore, you are responsible for the entire cost of your missed appointment. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice.

If you 'no-show' or 'cancel with less than a 24-hour notice' more than once, you will be required to pay a \$30 nonrefundable deposit fee before you are able to book any additional sessions. I understand that once an appointment hour is scheduled, I will be expected to pay for it unless I provide 24 hours advance notice of cancellation.

I have read the Life Coaching Client Services Agreement and consent to receive life coaching services under the terms outlined and agree to abide by its terms during our professional relationship. I have read and agree to the above.

Christine Sumner Coaching & Hypnosis Christine Sumner, MA, EdS, LPC, NCC

Client Data Form

Date		
Name		
Occupation		
Business Name		
Home Address	Preferred Address	
Business Address	Preferred Address	
Day Phone	Evening Phone	
E-mail Address:		
Okay to leave messages everywhere? If not, explain:		
Preferred means of communication		
Date of Birth	Age	
Other Significant Dates		
Preferred Coaching Schedule on (day of week)	(time of day)	
Names of important people in your life (spouse, partner, children, friends, etc.)		
Emergency Contact		
Other information you want me to know: (You may continue on back of page.)		