

# **Coaching Client Agreement and Informed Consent Disclosure Statement and Agreement for Services**

This agreement is intended to provide important information to you regarding Life Coaching Services. Please read the entire document carefully and be sure to ask your Coach any questions you might have regarding its contents.

## **Information about your Coach**

Jennifer Shtrum, MA, LMFT, CLC holds a Master's degree in Clinical Psychology. Jennifer Shtrum is a Licensed Marriage and Family Therapist (Lic. #46038) with the California Board of Behavioral Sciences and is a clinical member of the California Association of Marriage and Family Therapists (CAMFT). Jennifer Shtrum is a Certified Life Coach who partners with individuals and families to set realistic and attainable goals that promote motivation.

## **Confidentiality**

As a licensed Marriage and Family Therapist, it is my duty to protect the confidentiality of the communications with my clients, including coaching clients, but there are limited to confidentiality if sessions are not conducted in-office. Confidentiality cannot be guaranteed if sessions are conducted via phone or online. Clients should use their own discretion when utilizing these options.

## **Minors and Confidentiality**

Communications between coaches and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's coaching are often involved in their sessions. Consequently, your coach, in the exercise of her professional judgment, may discuss the coaching of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their coach.

## **Appointment Scheduling and Cancellation Policies**

A 24-hour advanced notice is required if you must cancel or reschedule your appointment. Policies are created to allow for effective scheduling and to ensure all client's wishing to be seen may be accommodated. Please notifying as soon as possible if you must change or cancel your appointment.

### **Telephone availability and Emergencies**

You may leave a message for Jennifer at any time on her confidential voicemail. If you wish your her to return your call, please be sure to leave your name and phone number, along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during within 24 hours. **If case of a medical emergency, a threat to your safety or the safety of others, please call 911 immediately to request emergency assistance.**

### **About the Coaching Process**

The International Coach Federation's definition of coaching quoted in part that 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.”

### **Liability**

This agreement is for Coaching, not Psychotherapy. Jennifer Shtrum is working only within the capacities of a Life Coach and will not be held liable for discrepancies. While coaching can work with issues such as identifying and

reaching life goals, and changing the behaviors that aren't working well for you, coaching is not psychotherapy. By signing this agreement, you are agreeing that you understand the difference in these two functions and you will get appropriate professional help for mental health issues if necessary.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your coach to address any questions or concerns that you have about his information before you sign.

Name of Client:

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Signature:

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