

INFORMED CONSENT FOR RELATIONSHIP COACHING SERVICES

I.Coach-Client Relationship

A. Nature of Services

1. Coaching is a collaborative partnership focused on personal growth, relationship goals, and actionable strategies.
2. Services include communication skill-building, conflict resolution guidance, and goal-setting support.

Not therapy: Coaching does not involve diagnosis, treatment, or counseling for mental health conditions. Clients needing clinical care will be referred to licensed professionals.

B. Coach's Credentials

1. You acknowledge that I am ****not**** a licensed therapist, psychologist, social worker, or medical provider.

II.Client Responsibilities

- A. Communicate openly and participate actively in sessions.
- B. Take full responsibility for decisions, actions, and outcomes arising from coaching.
- C. Seek independent professional advice (legal, medical, etc.) as needed.

III.Confidentiality

A. Information shared in sessions remains confidential unless:

1. There's imminent risk of harm to self/others.
2. Disclosure is required by law (e.g., court order, suspected abuse).
3. Illegal activity is reported.

Note: Coaching communications are not protected by legal privilege (unlike therapy).

IV.Communication & Sessions

- A. Methods: Video calls, phone, email, or text (mutually agreed).
- B. Scheduling: Sessions occur at prearranged times. I will initiate scheduled calls.
- C. Fees:
 1. \$X per video/phone session | \$Y per text/email exchange – see Shop
 2. Payment due via [see Shop] before each session

V.Cancellation & Termination

- A. Cancellation: Notify ≥24 hours in advance to avoid charges.

B. Termination: Either party may end services with one week's written notice. Fees apply for sessions completed before termination.

VI. Limited Liability

A. Outcomes depend on client commitment and effort.

B. No guarantees of specific results.

VII. Hawaii-Specific Disclosures

A. This coaching relationship does not constitute a "legally confidential relationship" under Hawaii law.

B. Clients retain the right to seek mental health services independently (minors 14+ may consent to outpatient care per [HRS §577-29](<https://law.justia.com/codes/hawaii/title-19/chapter-334e/section-334e-1/>)).

By signing below, you confirm:

- You have read and understood this document.

- You voluntarily agree to coaching services and acknowledge they are not a substitute for therapy.

Client Name: _____

Signature: _____ Date: _____

Coach Name: Drew Givens

Contact – leave a message: (564) 676-2442 or [contact form on website](#)