



Helping the Behaviorally Challenging Child (HBCC)

Coaching Agreement & Financial Terms

Coaching Agreement

Coaching Services Overview

HBCC provides one-on-one coaching of adults to support the implementation of CPS with children, teens, and young adults experiencing behavioral, emotional, and developmental challenges. Services may include:

- Parenting support and skill-building
- Guidance for school collaboration and advocacy
- Navigation of therapeutic and support service options
- Referrals to providers as needed
- Support using a Collaborative Social Emotional Learning (CSEL) model among adult caregivers and educators

Coaching Format

Coaching sessions are available:

- In-person
- Online via video format such as Zoom
- By phone

Scheduling is done with the individual coach

Responsibility for Well-Being

I am fully responsible for my physical, mental, and emotional well-being throughout the coaching relationship, including all choices, decisions, and actions. I understand that I may choose to discontinue coaching at any time.

Comprehensive Nature of Coaching

I acknowledge that coaching is a holistic process that may include various areas of my life—such as parenting, relationships, work, health, education, and personal growth. I take full responsibility for how I integrate coaching into these areas and implement my decisions.

Coaching vs. Therapy

I understand that coaching is not therapy, counseling, psychoanalysis, or mental health care, and does not diagnose or treat mental health disorders. Coaching is not a replacement for these services and should not be used as such.



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Mental Health Disclosure

If I am under the care of a mental health professional, I confirm that I have consulted with them regarding my decision to participate in coaching. I agree to inform my coach of any past or present psychological or psychiatric treatment. If mental health concerns arise during coaching, I will notify the coach immediately to discuss appropriate next steps or referrals.

Confidentiality

I understand that all information shared in coaching sessions is confidential unless I provide written consent for disclosure or unless required by law (e.g., risk of harm to self or others, child or elder abuse, or legal subpoena). I acknowledge that written permission is required if I wish my coach to communicate with another individual or professional on my behalf.

Use of Technology

I am aware of potential confidentiality risks when using technology such as email, internet, mobile phones, or video conferencing. By choosing to communicate via these means, I accept any associated risks and authorize my coach to communicate with me accordingly.

Limits of Professional Advice

I understand that coaching is not a substitute for legal, medical, financial, business, or spiritual advice. I agree to seek qualified professionals for these matters. I accept sole responsibility for any decisions or actions I take in these areas.

Client Responsibility for Change

I understand that successful coaching requires a co-active, collaborative relationship. The coach acts as a facilitator of change, but I am responsible for doing the work and creating the change. If at any point I feel that coaching is not progressing as desired, I will openly communicate this and work with the coach to adjust or refocus the process.

Commitment to the Process

I acknowledge that HBCC's coaching philosophy is grounded in the Collaborative Problem Solving® (CPS)* approach and supports families in navigating the challenges of parenting children, teens, and young adults with behavioral, emotional, or developmental differences. I understand that the coaching process is educational, practical, and designed to help implement CPS at home and in collaboration with schools or treatment teams.



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Understanding the Role of HBCC

I understand that HBCC coaches are not therapists, doctors, or legal advocates. Coaches are Certified Peer Professional Parent Coaches trained in the CPS model and dedicated to helping clients apply these methods at home. HBCC may offer referrals and guidance for external supports and services but does not provide licensed therapy, special education law services, or formal advocacy.

Record Access and Rights

I understand that I have the right to request access to any coaching notes maintained about me. Requests must be made in writing.

Emergency Situations

I acknowledge that coaching is not appropriate for crisis or emergency intervention. In the case of an emergency, I will contact appropriate services such as my physician, 911, 988 (Suicide and Crisis Lifeline) or the nearest emergency facility.

Financial Agreement for Coaching Services

Coaching Rates

- Standard Hourly Rate: \$75 per 60-minute session
- Minimum Billing Unit: 15-minute increments
- Retainer Fee: \$300 (if applicable to your coaching plan)

All fees are due in advance unless otherwise arranged.

Payment Methods

Payment may be made using:

- Credit Card
- PayPal
- Cash
- Check (payable to HBCC)

Mailing Address:

HBCC



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145 W. Main St., Suite 260
Tustin, CA 92780

Online payment links are available at:

<https://www.paypal.com/ncp/payment/SX7PD7T8TM4NC>



Cancellation Policy

- 24-hour notice is required for cancellations or rescheduling.
- If notice is given: No fee is charged and the session may be rescheduled.
- If insufficient or no notice is provided: The full session fee will be assessed.

Email is the preferred method of communication for cancellations. Email: info@hbcc.us

Non-Payment Policy

- HBCC will attempt to coordinate a payment plan with clients in the event of financial hardship.
- If payment is not resolved, accounts may be referred to collections.

Insurance Policy

- HBCC does not bill insurance or participate in medical plans.
- Coaching services are typically not covered by insurance.
- Clients are fully responsible for all coaching fees.

Client Rights Regarding Financial Matters

- You have the right to terminate coaching at any time.
- You assume full responsibility for any decisions made based on coaching guidance.
- You may request access to your financial records or coaching notes in writing.

Acknowledgment and Consent

By signing below, I voluntarily agree to participate in coaching services with HBCC and acknowledge that I have read, understood, and agreed to the terms outlined in this Coaching and Financial Agreement.

I understand that HBCC Coaches are not medical doctors nor therapists and that the services provided are not clinical in nature.

Client Name (Print): _____ Date: _____



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Signature: _____

Cell Phone: _____

Coach Name: _____

Coach Signature: _____ Date: _____

*** The Collaborative Problem Solving® (CPS) approach is owned and developed by Think:Kids (www.thinkkids.org), a program based in the Department of Psychiatry at Massachusetts General Hospital(MGH) in Boston, MA. Those CPS Certified receive ongoing supervision from T:K and are independent of MGH.**

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