



This Agreement is entered into by and between Amber Siegel Recovery Coach, and _____ Whereby Coach agrees to provide Coaching Services for Client focusing on the following topics: _____

What is Coaching?

Coaching is a partnership between the coach and the Client in a thought-provoking and creative process that inspires the Client to maximize personal and professional potential. It is designed to facilitate the development of personal, relational, or professional goals and to develop and carry out a plan for achieving those goals.

The Coach-Client relationship

Coach agrees to maintain a high level of coaching ethics and standard behavior established by biblical principles.

The Client is solely responsible for their physical, mental and emotional well-being. All decisions, actions, and results arising from the coaching relationship are under the ultimate control of the Client. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction of the Client.

The Client understands coaching is not a substitute for licensed professional therapy or treatment. Coaching does not claim to prevent, cure or treat any mental disorder or medical disease.

The Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas implementing choices exclusively the Clients responsibility.

Client acknowledges that coaching does not involve the diagnosis or treatment of mental health disorders as defined by the American Psychiatric Association and that coaching is not to be substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals. It is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is under care of a mental health professional, it is recommended

that the Client promptly informs the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.

The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.

Confidentiality

This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality. The coach agrees not to disclose any specific information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without Client's consent. Confidential information does not include information that; (A) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (B) is disclosed to the coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or other; and involves illegal activity. The Client also acknowledges his or her continuing obligation to raise any confidentiality questions or concerns with the Coach in a timely manner. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professionals) and thus communications are not subject to the protection of any legally recognized privilege.

General topics may be anonymously and hypothetically shared with other clients or professional for coaching, supervision, mentoring, evaluation, and/or consultation purposes. No details or names will ever be shared that disclose the identity of a client unless permission was granted.

Schedule and Fees

This coaching agreement is valid as of _____(date).

The parties mutually agree on the frequency of scheduled meetings. Therefore, the payment of \$25.00 is made for a 60 min session.

Client Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____

Client Information:

Name (printed) _____ Date of Birth _____

Phone _____

Email _____

Address _____