

Bridgit Marlo Karo

Informed Consent – Integrative Wellness Coach

I, _____ [insert name], have chosen to work with Bridgit Marlo Karo as my Integrative Wellness Coach. I understand that Bridgit Marlo Karo (Coach) has a Doctorate in Clinical Psychology, a Masters of Arts degree in International and Multicultural education, is a certified Power Yoga (RYT200) instructor and will be performing integrative wellness coach duties. I also understand and acknowledge that Bridgit Marlo Karo is not licensed in any jurisdiction as a therapist, clinical counselor, social worker, psychologist or any other type of provider.

By signing this consent form, I understand and agree to the following terms:

I understand my Coach will provide integrative wellness coaching services, which may include personalized assessments, consultations, education, and support related to my overall health and well-being. These services are not intended to replace medical care or therapy, but rather to complement it.

I understand that the coaching services I will be receiving from my Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Coach is not acting as a mental health counselor or a medical professional.

I understand that coaching is, at present, an unregulated industry and that my Coach is not licensed by the State of California.

I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.

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.

I understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals.

I understand that my Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, she will do so to the extent the law requires. I understand that my Coach may need to share information with other healthcare providers as necessary for my treatment and care.

I understand that I have the right to refuse any coaching or service recommended by my Coach. I also understand that I have the right to terminate our coaching relationship at any time.

I understand that I was given ample opportunity before signing this consent, to clarify, to my complete satisfaction, any questions or concerns I may have had concerning any term of this consent and that I fully understand each and every term hereof;

I understand that I am participating in the coaching of my own free will and choice, and accordingly I intend to and hereby do make as broad and inclusive a waiver of liability and release as is permitted by law, fully understanding that this entire consent will be interpreted as broadly as possible in favor of my Coach; that if any court of competent jurisdiction finds any part of this consent to be invalid or unenforceable, the remainder of this consent will continue to be valid, binding and enforceable, that this consent will bind me and my family, heirs, administrators, executors, personal representatives and assigns and will benefit my Coach and her, successors and assigns; that this consent is the entire agreement between me and my Coach relating to the coaching, superseding any prior agreements or understandings, written or oral, with respect to the coaching; that this Agreement will be interpreted under the laws of the State of California, without reference to any choice of law principles; that I did not receive any promise, representation, understanding or interpretation of any term of this consent as an inducement to sign this consent. I again state my understanding and acknowledgement that my Coach is not licensed in any jurisdiction as a therapist, clinical counselor, social worker, psychologist or any other type of provider.

I have read and understand the above information and agree to work with Bridgit Karo as my Integrative Wellness Coach. I give my informed consent for the services described above.

_____	_____	_____
Signature	Name (please print)	Date

_____	_____	_____
Signature	Name (please print)	Date
<i>(Parent or guardian if under 18 years old)</i>		