



# NURSE COACHING AGREEMENT

This Nurse Coaching Agreement (this “Agreement”) is between me, the Nurse Coach (the “Nurse”, “me”, or “I”), and you, (the “Client” or “you”) whose names appear in the signature line. The Client and Nurse are referred to as the “Parties” (or “our,” “we”).

## 1. Nurse Coaching:

I will provide you with holistic Nurse Coaching, which will involve direct and personal conversations conducted via scheduled face-to-face, video, or phone appointments. This may include, but is not limited to, one or more of the following:

Creation/development of personal, professional, emotional, spiritual, mental, physical, and lifestyle goals; designing and carrying out a strategy/plan for achieving those goals; identifying and addressing specific personal struggles, business issues, or general physiological conditions; value clarification, brainstorming, identifying plans of action, examining modes of operation in life, asking clarifying questions, and making empowering requests or suggestions for action (collectively, “Nurse Coaching”).

## 2. Client Obligations:

Nurse Coaching is a collaborative process. In order for it to be successful, you acknowledge that you:

- Must be punctual, present, and undistracted during the coaching sessions;
- Must invest time and energy in the Nurse Coaching sessions to gain benefit;
- Must independently complete reflections and assignments and provide your full attention and energy to these assignments, as they are a valuable part of the Nurse Coaching process; and
- May choose to disclose details of your past or present psychological, psychiatric, and/or medical history or treatment.

## 3. Session Scheduling:

I reserve the right to cancel and reschedule coaching sessions as needed and will provide as much notice to you as possible. If you need to reschedule, please give me at least 24 hours advance notice.

## 4. No Guarantee of Results:

Because each client is unique, you acknowledge that I cannot promise results. I cannot force you to take action. While I am in the role of a facilitator of change, it is your responsibility to enact or bring about the change. Coaching results are not guaranteed. You enter into coaching with the understanding that you are responsible for creating your own results, health, and well-being.

**5. Nature of the Relationship:**

You are aware that the Nurse Coaching relationship is in no way to be construed as psychological counseling or psychotherapy. In the event that you feel the need for professional counseling or therapy, it is your responsibility to seek a licensed professional.

**6. Confidentiality:**

You agree to the HIPAA Disclosure Consent.

**7. Release of Liability:**

You acknowledge that Nurse Coaching is not provided in lieu of other professional medical services. You agree that utilizing Nurse Coaching is entirely at your own risk. Any actions or lack of actions, taken by you based on such advice is done so solely by choice and is neither the responsibility nor liability of me or Pathways with Peggy. You take full responsibility in the decisions you make after being coached, as well as the consequences. You are fully responsible for your physical, mental, and emotional well-being during their Nurse Coaching sessions and for the duration of the Nurse Coaching relationship. You acknowledge that you are voluntarily participating in the Nurse Coaching services despite your knowledge of the dangers and risks involved. You agree to accept and assume any and all risks of injury, death, or property damage, whether caused by the negligence of the Nurse or Pathways with Peggy. You expressly waive and release any and all claims, now or later known, against me, Pathways with Peggy, and its employees or contractors arising out of or attributable to the Nurse coaching.

By signing below, you acknowledge that you have carefully read both pages of this document and understand them. You acknowledge that you are voluntarily giving up substantial legal rights, including the right to sue the Nurse. Even so, you are signing this document willingly and voluntarily.

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Student Nurse Coach Signature

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Date

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Client Printed Name Signature

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Date

**IF CLIENT IS UNDER EIGHTEEN (18):**

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I consent to the terms and conditions of this Release.

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Client's Legal Guardian Printed Name Signature

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Date

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Name of Minor who you are signing for