

**Arch Health and Wellness, LLC.**



**Client Coaching Agreement**

Name

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Address

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Phone

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Email

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Occupation

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**Session Fees: \$90 per 50-minute Session**

1. As a client, I understand and agree that I am fully responsible for my physical, mental, and emotional well-being during my coaching sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that coaching is a Professional-Client relationship with my coach designed to facilitate the creation/development of personal, professional, or business goals and to develop and carryout a strategy/plan for achieving those goals.

3. I understand that coaching is a comprehensive process that may involve many areas of my life, including work, finances, health, relationships, education, and recreation. I acknowledge that deciding how to handle these issues, incorporating coaching into those areas, and implementing my choices is exclusively my responsibility.
4. I understand that coaching does not involve diagnosing or treating mental disorders as defined by the American Psychiatric Association. Coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment! I will not use it in place of any form of diagnosis, treatment, or therapy. If I am currently receiving psychiatric care, I will consult with my caregiver to ensure that working with a coach is in my best interest.
5. I understand that information will be confidential unless I state otherwise, in writing, except as required by law. I understand that if I reveal information that involves physically hurting myself or others, the coach must report such information and/or refer it to mental health professionals accordingly.
6. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals or clients for training, educational OR consultation purposes and that great care will be taken to change any identifiable details to protect privacy.
7. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and actions are my sole responsibility.
8. Because professional coaching is not considered medical consultation or treatment, health insurance does not apply.

**I have read and agree with the above.**

Client Signature

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Date:

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