

## Coaching Agreement

I \_\_\_\_\_ agree to the following contract with Empowerment Recovery, a division of A Touch of This N' That, LLC

I understand that all coaches with Empowerment Recovery, a program of A Touch of This N' That, LLC, are professionally trained pre-marital, marriage, remarriage, blending families, addiction, sexual addiction recovery, partners recovery and/or intimacy anorexia coaches.

I agree to the hourly rate of \$95 per session (45 min sessions w/15 minutes of questions available) with Maria Theelke Poppler. The \$95 Total (doesn't include homework/recovery materials)

Please pay via paypal (sending invoice) for sessions above within 24 hours of receiving this agreement. Payment per session for the 12 weeks of individual sessions and/or couple sessions is charged 24 hours in advance of each session. You are committing to all sessions stated above. If you choose not to complete all the sessions above, the balance of all remaining sessions will be charged unless A Touch of This N' That, LLC/Empowerment Recovery are unable to provide session services.

Each session will be virtual unless otherwise specified. I understand that I am responsible to be on time for appointments. There is no cancellation of Work Group sessions by client. I understand that I will be charged in full, regardless of whether I attended the session. I am ready to courageously change my life, and I promise to do the work necessary to see that happen. I understand that healing is hard work. I understand that before the end of each session, I will be given homework to complete before our next session. I understand that, in the event that I don't complete the assignment given prior to our next session, I will be asked to complete that homework during my next coaching session.

I agree to come to appointments without any illicit drugs or alcohol, weapons, or anything illegal in nature. I agree to come to appointments clean and sober. I agree to follow the directions of my recovery coach and complete all assignments on a timely basis.

Health Condition: I hereby certify that I do not suffer from any physical or mental disability that might affect my participation in the coaching process. If I have any substance abuse problem or mental illness, I certify that I have consulted with a healthcare professional and have been advised that I may participate in the coaching process without risk. I agree that if there are any changes in this representation, I will promptly advise my coach.

Indemnification: I understand that my coach is not responsible for any direct, indirect, incidental or consequential damages (personal or professional) to me, my business or employer, my personal or professional affiliates, or any other person(s) with whom I may

interact on a personal or professional basis. The sole remedy of any claim or grievance by

myself, or any other person or entity, against my coach will be the return of my fees paid to my Coach.

Agreement: I agree that this document contains all the information given to me by my coach and all other representations or statements (prior or subsequent, whether oral or written) are superseded by this document. Our signatures on this agreement indicate a full understanding of this agreement with the information outlined above.

Client Signature \_\_\_\_\_

Client Printed name: \_\_\_\_\_

Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## INFORMED CONSENT

I have chosen the services of Empowerment Recovery, a division of A Touch of This N' That, LLC, to provide Pre-Marital, Marriage, Remarriage/Blending and/or Recovery Coaching services. I understand that for all legal and regulatory purposes, the services I am provided will be provided in the State of Minnesota and the United States.

I hereby certify that I am of legal age of consent according to the laws of my resident state, province or country. Which means I am 18 years of age or older. I understand confidentiality is important to both the professional and the client. I will keep confidence in all sessions regardless of the mode of services provided, whether they be by phone, in person, or over the internet.

A. All Professionals from Empowerment Recovery, a division of A Touch of This N' That, LLC will keep all issues discussed confidential. I understand that the only appropriate breach of confidentiality is when my Coach believes that I may intend to harm or seriously injure myself or other individuals, and items included in section B, C and D.

B. Should I be involved in child abuse, child neglect, spouse abuse or elder abuse, or abuse of a physically or mentally disabled person. I also understand that if I display suicidal ideations and a plan.

C. Any communication over the internet or telephone cannot be guaranteed to be HIPAA protected.

D. I understand that I cannot come to appointments with anything illegal including weapons, illicit drugs, contraband of any kind, liquor, and that I must not be intoxicated, threatening, violent, or disrespectful.

If I have any active warrants I am to immediately make that known.

Client Signature \_\_\_\_\_

Client Printed name: \_\_\_\_\_

Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## CANCELLATION POLICY

Empowerment Recovery, a DIVISION OF A Touch of This N' That, LLC

If you fail to cancel a scheduled appointment, we cannot use this time for another client. You will be billed for the entire cost of your missed appointment.

A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment with less than the required notice. If you have pre-paid for a session package, the appointment will be deducted from your allowed sessions. Thank you for your consideration regarding this important matter.

Client Signature \_\_\_\_\_

Client Printed name: \_\_\_\_\_

Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Empowerment Recovery, division of A Touch of This N' That, LLC

Credentials: CTC, CTSS, CPRC, CPC, SRC, PRC, PBTC, IAC

Certified Therapeutic Coach, Certified Trauma Support Specialist, Certified Professional Life Coach, Certified Professional Recovery Coach, Sexual addiction Recovery Coach (SRC), Partners Recovery Coach (PRC), Partner Betrayal Trauma Coach (PBTC), Intimacy Anorexia Coach (IAC). A complete list of training is available upon request.

A. You are entitled to receive information about my methods of coaching, the techniques I use, the duration of your coaching (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

B. You can seek a second opinion from another coach or a therapist or terminate coaching at any time. If you choose to terminate our coaching agreement, understand that the balance of your prepaid coaching sessions will not be refunded to you. If I choose to terminate our coaching relationship, I will refund the balance of your prepaid sessions.

C. In a professional relationship such as ours, sexual intimacy between a coach and a client is never appropriate. If sexual intimacy happens, it should be reported to the State Grievance Board.

D. Typically, the information provided by and to a client during coaching sessions is confidential. Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Minnesota without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. Those exceptions are listed in your state's statutes. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions, which include:

a. I am required to report suspected child abuse or child neglect to the appropriate law enforcement agency.

b. If I receive information from a client concerning a serious threat of imminent physical violence

against a specific person, I must inform that person of the threat, and also notify law enforcement authorities.

c. I am required to refer out for a mental health evaluation of a client who is dangerous to self or others, or who is gravely disabled as a result of mental disorder

d. I am required to report any suspected threat to national security to federal officials.

Additionally, in order to keep your relationship professional, please do not give me any gifts, however small. I have read the preceding information and understand my rights as a client. I also acknowledge that I have received a copy of this Disclosure Statement.

Client Signature \_\_\_\_\_

Client Printed name: \_\_\_\_\_

Date \_\_\_\_\_

Coach Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_