**CROSSROADS COACHING**



Sharon Cruice, PsyM

337.789.0175

 LIFE COACHING

INFORMED CONSENT

For the purposes of life coaching provisions, this form will record the agreement of all parties.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Client Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Therapy/Coaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Life Coaching*: *What it is and what it is not***

Coaching is guiding the *client* to develop the skills necessary for success in attaining his/her goals. A *coach* empowers the *client* to make decisions with confidence and clarity to improve his/her quality of life and relationships. Emphasis is placed on reaching personal and professional goals quickly and effectively. Independence is encouraged to develop the tools needed for the *client* to master life skills for current and future success. The *coach* does not take on the role or responsibility of giving advice or solutions to the *client*. The *coach* does not accentuate the negative emotions or outcomes of the *client* but concentrates on the normalcy of said emotions. Coaching is not therapy or counseling of any clinical nature.

***Policies and Procedures***

The location, date, time, and frequency of appointments, as well as delivery of services such as phone conference, Zoom conference, or face-to-face, will be mutually agreed upon by the *coach* and the *client*. The *coach* will punctually initiate scheduled sessions at the time of the appointment. Communication outside of sessions will be determined by the *coach* and the *client* through the coaching agreement.

***Progress Review***

Every 6 sessions, the *client* will be given an assessment to determine progress and if modifications are needed for the course of action as to whether to renew or end services.

***Risks/Benefits***

All online communications are subject to possible risk. Such risks incurred through online communication are breach of confidentiality or invasion of privacy.

Benefits of services are the *client*’s acquired ability to create and utilize healthy skills to attain desired goals and milestones set by the *client* and facilitated by the *coach*.

***Confidentiality***

Confidentiality and protection of the coaching partnership is a requirement for both the *coach* and the *client*. Both participants agree that all data, assessments, and work completed during the course of the life coaching sessions will remain strictly confidential unless deemed otherwise by law. No information or materials will be disclosed without proper authorization and consent regarding the work of the *coach* or the *client*.

***Record Policy***

The *coach* will adhere to above confidentiality disclosure unless:

(a) the *coach* reasonably believes there to be a risk of danger or imminent harm to the *client* or others

(b) the *coach* is informed of abuse of a child or dependent adult

(c) the *coach* is informed of sexual misconduct between a minor and an adult.

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Documents will be protected under locked supervision and will remain so for 5 years after termination of coaching services or until records are properly destroyed.

***Fees***

Fees and packages chosen by the *client* will be detailed in the coaching agreement between the *coach* andthe *client*. Rates will be reflected by the chosen package. All costs are to be paid prior to all coaching sessions.

***Cancellation Policy***

It is the *client's* responsibility to notify the *coach* 24 hours in advance of the scheduled appointment. Without advance notice, the *coach* reserves the right to bill the *client* for a missed meeting. In good faith the *coach* will attempt to reschedule missed appointments.

***Correspondence***

To guarantee that vital communication between the *client* and the *coach* is received, interaction will be via telephone. Other correspondence shall be made through email and/or texting.

***Further communication***

If there is a need for further communication for inquiries, please utilize the following sources. Comments are always welcome.

Sharon Cruice via phone or email.

337.322.7839

sdcruice.cc@gmail.com

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**Signature Page**

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**SIGNATURES:**

Signing of this informed consent concedes the clarification and acceptance of the above information.

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Printed name (client) Client signature Date

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I confirm that the above information has been successfully relayed to the *client*. The forms signed will be given to the *client* in full.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Printed name (coach) Life Coach signature Date