



PO Box 370618 Las Vegas, NV 89137
Ph: 845-551-2942

Informed Consent for Participation in Online Coaching

Name: _____ Phone: _____

Email: _____ DOB: _____

Payment Info: _____

Please read this consent form carefully, as it describes the policies and procedures followed by your Mindset Coach.

Types of Service Provided by Your Life Coach:

I offer online coaching and/or distance coaching formats. You will be interviewed and may be asked to fill out some questionnaires to assist me in determining how best to help you. Coaching involves individual meetings via online and/or phone. All coaching will be conducted only with your consent.

What You Can Expect from Online Coaching:

The duration of coaching is different for each person and can be difficult to estimate; I will address any concerns that you have about this. If you are not feeling satisfied with your coaching sessions for any reason, you are asked to discuss this directly with me. I will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/ or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning coaching, because the process of working on personal issues can be difficult; please be aware of this.

You as the client understand that phone sessions have limitations (as well as benefits) compared to in-person meetings, among those being the lack of “personal” face-to face interactions, and the lack of visual and audio cues in the process. You understand that telephone/online coaching with me is not a substitute for psychotherapy from a licensed therapist or medication under the care of a psychiatrist or doctor. You understand that I am your coach and not your therapist. You understand that online and telephone coaching may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional regulations of the States of New York and Nevada (USA) and the coaching sessions will be considered to take place in the states of New York and Nevada (USA).



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Confidentiality:

What you discuss with your coach is kept confidential, or private, with some exceptions. The Notice of Privacy Practices provides detailed information about how private information about your health care is protected and under what circumstances it may be shared.

Confidentiality of E-mail and Chat, Cell Phone Communication: Coaching email or chat exchanges are delivered via Gmail or Skype. If you choose to email me from your personal email account, please limit the contents to basic issues such as cancellation or change in contact information. I will not respond to personal and clinical concerns via regular email. If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential. Likewise, text messages are not confidential.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

Dual Relationships:

Not all dual relationships are unethical or avoidable. However, sexual involvement between a life coach and client is never part of the coaching process, nor are any other actions or dual relationship situations that might impair my objectivity, professional judgment, or effectiveness or that could be exploitative in nature. I will preserve the integrity of our working relationship. You agree and accept that any invitations via social networking sites or response to blogs written by you or comments on my blog from you may indicate a working relationship for public view. Although, I work as a Licensed Clinical Social Worker, you agree that I am working as your coach only and not your psychotherapist. If at any point necessary, I may refer you to another professional for your mental health needs.

Telephone and Emergency Procedures:

If you need to speak with me between sessions, please e-mail me at kdioriolcsw@gmail.com. Your e-mail will be returned as soon as possible. Messages are checked daily on weekdays only. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.



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Payment for Services:

Payments for services must be made prior to the time of each session. You may make payment via Credit Card with the account information that you will provide prior to the initial session. The fee is \$300 per 45 minute phone or Zoom session. You may select either the weekly package for three months at \$3600 or the bi-weekly package for three months at \$1800.

Cancellation policy:

You will be billed at your full fee rate if you miss an appointment without providing at least 24 hours-notice.

We will discuss this Informed Consent during our first session. Please email this form with your signature. EMAIL: kdioriolcsw@gmail.com

Your signature below indicates that you are *18 years of age or older*, have read this form and understand: 1) this Informed Consent form for participation in online treatment, 2) the Notice of Privacy Practices form and how information about you may be used or disclosed, and 3) that you consent to treatment and the provisions in the Informed Consent and Notice of Privacy Practices form.

X_____

Signature of Client

Date