

# MY SHARPER HEALTH



## PRIORITY HEALTH

My Sharper Health LLC Agreement for Commitment to Coaching Services, Payment Activities for Cameroonian Clients, and Confidentiality

SELF CARE

MENTAL HEALTH MATTERS



## A. COMMITMENTS TO COACHING SERVICES

Session Attendance


Weekly Commitment

6 month-Development Sessions

Activation-Reflection-Visionary

Personalized Fitness Regime

## MORE INFORMATION

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My Sharper Health LLC 

Health Coach Institute 2016 

## Session Attendance

- a. Agree to attend scheduled sessions by voice or video chat
- b. Scheduled sessions are once weekly for one hour
- c. There are three sections of development which cover six months:
  - i. Activation
  - ii. Reflection
  - iii. Visionary

## New Habits Are Established

Embark on a personalized fitness regimen tailored to individual needs and goals.

### IMPROVEMENT

Focus on maintaining progress and achieving long-term health targets.

### REFINEMENT

Incorporate advanced strategies and techniques to ensure ongoing development.

## PAYMENT ACTIVITIES FOR CAMEROONIAN CLIENTS:

**Clients are required to make payments promptly as per the agreed schedule.**

Methods of payment include writing testimonies or reports of how the client experienced each session or a group of sessions. These testimonies are to describe the nature of health coaching as experienced by the client for the purpose of educating other people who may have need and interest in receiving these services in the future, living in Cameroon. These statements are either one to two sentences or a short paragraph. Language used will be English. *Failure to comply with payment terms may result in suspension or termination of services.*

### CONFIDENTIALITY



All client information and discussions are strictly confidential. Staff are bound by professional ethics and confidentiality agreements to protect client privacy. Sensitive data will not be disclosed to third parties without explicit client consent. My Sharper Health LLC Agreement to Commitment to Coaching Services, Payment Activities for Cameroon Clients, and Confidentiality.

**I agree to the above statements by signature of my name here:**

Printed Name of Client

Signature of Client/Date

Printed name of Health Coach

Signature of Health Coach/Date

