**CLIENT SERVICE AGREEMENT**

Welcome to Reboot Your Brain Counseling and Coaching. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

**MENTAL HEALTH SERVICES**
As our client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Reboot your Brain mental health professionals have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Mental health treatment has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the therapeutic process often requires discussing the unpleasant aspects of your life.  However, therapy has been shown to have benefits for individuals who undertake it.  Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems.  But there are no guarantees about what will happen.  Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

**LIFE COACHING SERVICES**

As our client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Our life coaching professionals have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Life coaching is a collaborative process that aims to support you in achieving personal and professional goals. While the coaching process may involve exploring various aspects of your life, it is focused on personal growth, self-improvement, and goal attainment. It is important to note that life coaching is not a substitute for mental health counseling or therapy.

Engaging in life coaching may bring both benefits and challenges. It is possible that you may experience moments of discomfort, as growth often requires exploring areas that may be unfamiliar or challenging. However, life coaching has been shown to have positive effects on individuals who actively participate in the process. These benefits may include increased clarity, improved decision-making skills, enhanced self-confidence, and progress toward your defined goals. It's important to understand that the outcome of life coaching is dependent on your active involvement and commitment outside of our sessions.

In the initial 2-4 sessions, we will conduct a comprehensive evaluation of your needs and aspirations. Based on this evaluation, I will provide you with initial impressions of the areas we can work on together. We will then discuss your goals and collaboratively create an initial coaching plan. It is crucial for you to evaluate this information and determine whether you feel comfortable working with me as your life coach. If you have any questions about my coaching approach or procedures, we should address them as they arise during our sessions.

Please keep in mind that life coaching is not a substitute for professional therapy or counseling. If at any point during our work together, it becomes evident that your needs extend beyond the scope of life coaching, I may recommend that you seek additional support from qualified mental health professionals.

By proceeding with life coaching, you acknowledge that you have read and understood the information provided in this statement. You agree to actively participate in the coaching process, take responsibility for your actions and decisions, and work collaboratively towards your goals.

**APPOINTMENTS**
Appointments will ordinarily be 45-60 minutes in duration for individuals and 60-75 minutes for couples, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours notice**.** **If you miss a session without canceling or cancel with less than 24-hour notice, we will collect the full session fee.** If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. There is a 15-minute wait after 15 minutes your appointment will need to be rescheduled and the full fee will need to be collected.

**PROFESSIONAL FEES**
For individuals, the standard fee is $120.00. Couples are $180.00 per session. Payment is due at the beginning of the session. In addition to weekly appointments, we charge will charge a prorated amount (breaking down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request.

**CONTACT**
If we are not immediately available by telephone you may leave a message on our voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please go to your local emergency room or 911 and ask to speak to the mental health worker on call. We will make every attempt to inform you in advance of planned absences.

**PLEASE CHECK THE SERVICES AUTHORIZED**

[ ]  MENTAL HEALTH COUNSELING

[ ] LIFE COACHING

**CONSENT FOR SERVICES**
Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to our terms.

Signature of Patient or Personal Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Patient or Personal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Personal Representative’s Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_