

Amy Luzar, MSSA, LISW-S

COACH-CLIENT SERVICE AGREEMENT

Client First Name	Client Last Name	Preferred Contact Info	Date

Instructions: This is a fillable PDF. You may download and open it using Adobe Acrobat or a browser, complete all fields, and save your changes. **Initial your consent where indicated.** At the end of this form, **digitally sign or type in your name.** Once finished, email the completed form to amy@amyluzar.com.

INFORMED CONSENT - COACH-CLIENT SERVICE AGREEMENT

Welcome to the coaching process. Coaching is a unique opportunity to access the **best parts of your own resiliency to help you move through a time of transition.** In coaching, we will take a **holistic approach to skill building** and managing internal and external resources. It is an honor to keep you company as you embark on this process.

This Coaching Registration Form represents your **understanding and informed consent** for the coaching relationship between us. You may **revoke this Agreement at any time.** However, under certain conditions, I may be unable to act on the revocation. These circumstances include a situation where you have not satisfied your financial obligations with me.

MEETINGS

My coaching hour is **50 minutes.** A longer session is prorated based upon my hourly rate. Our first appointment may run between 60-75 minutes for me to gather crucial information about how we may best work together. In individual coaching, I typically see new clients **once a week** for us to establish solid coaching ground. Clients often maintain this weekly schedule until they (or we) agree that a less frequent schedule is more appropriate. In **divorce or marriage coaching, the schedule may be somewhat different.** If we are working on a document or task such as a **Shared Parenting Agreement,** we may meet **more frequently** or for longer periods of time to meet a deadline.

PROFESSIONAL COACHING SERVICES AND FEES

My fee for your **initial appointment is \$290,** for both individual and couples coaching. Subsequent appointments, based on a **50-minute coaching hour, are \$250.** Appointments that run over the 50-minute coaching hour are prorated. I also

charge for other professional services you may need. These services include, but are not limited to:

- Report and letter writing
- Telephone conversations/coaching
- Telephone conversations with other professionals
- Collateral or professional consultation
- Preparation of session notes or summaries
- Phone time with the professional team (if you are in a collaborative divorce)
- Reading and answering email
- Time spent performing other professional services you may request of me (If you are involved in a 'collaborative divorce' process, this can include: four-way and five-way meetings, travel, drafting of the Parenting Plan)
- Travel fees

***Fees are subject to change**

CANCELLATIONS

You will be responsible for a **late cancellation fee** unless you provide **24 hours advance** notice of cancellation. You will also be charged for any **"No Show" appointment**. Because this hour is established and reserved specifically for you, the charge for any late cancellation or missed appointment is your **FULL appointment fee**.

COURT APPEARANCES

I do not appear in court on behalf of clients under any circumstances. By initialing below, you are acknowledging that you will not attempt to engage me in a court related process or subpoena me to testify on your behalf. If you try to subpoena me, I will attempt to quash it or hire an attorney to fight it. Involving me in your litigation will only harm our ability to work together and will likely harm or discredit you, as it will allow the other attorney access to your personal work.

I understand and agree not to involve Amy Luzar in any legal matter to which I may be a party to.	INITIALS	DATE
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If you break this agreement, I will terminate our working relationship. You will also be charged a **fee of \$425.00 per hour for any of my time spent preparing to answer a subpoena** that came per your request or due to legal action you are involved in.

I understand that if I break the above agreement, my coaching relationship with Amy Luzar will be terminated and I will be charged \$425.00 per hour for the time to answer the subpoena or appear on my behalf.	INITIALS	DATE
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CONTACTING ME

If you call my office and I am not available, you may leave a message for me on my voicemail **216-973-9976** or email me at **amy@amyluzar.com**. I check my messages frequently and attempt to return calls **within 24 hours**. I do not answer my phone or email during coaching sessions. Any **crisis or emergency that may arise should be handled by your mental health professional or therapist**.

LIMITS ON CONFIDENTIALITY

Since coaching is not paid by insurance nor is it a medical procedure or clinical relationship, it does not have the same rules of confidentiality that people have with a medical provider. Coaching includes no diagnosis or medical coding and is not a HIPAA (Health Insurance Portability and Accountability Act) protected relationship.

I understand coaching is not a HIPAA relationship	INITIALS	DATE
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COLLABORATIVE DIVORCE COACHING NOTE

Those involved in collaborative divorce proceedings need to remember that all coaching notes are emailed to all members of the collaborative team and that your collaborative divorce notes are not confidential documents .	INITIALS	DATE
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BILLING AND PAYMENT

You may **pay in full for each session at the time of service or you will be invoiced following the session**. Payment for other professional services will be due at your next appointment or by the due date of your invoice. There will be a **3% surcharge for credit card payments**. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, I have the option of using legal

means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client is demographic information (i.e., name, employer, nature of services provided, amount due), completely unrelated to the details of coaching. If such legal action is necessary, these costs will be included in the claim.

OTHER

Coaching is a space for **active transformation and meaningful support through times of transition**. It's often challenging and sometimes frustrating, but ultimately deeply rewarding. I'm honored to work with you as you move toward supported, resilient change. Through this process, I've seen many people **reconnect with the strongest parts of themselves. Welcome, I'm so glad you're here.**

RESPONSIBLE PARTY INFORMATION

(Regarding financial obligation for Coaching Services)

First Name	Last Name	Phone Number	Date of Birth
Street Address	City	State	Zip Code

I AM INTERESTED IN THE FOLLOWING TYPES OF COACHING

Life Coaching		Relationship Coaching	
Collaborative Divorce Coaching		Other Divorce Coaching	
Parent Coaching		Communication Coaching	
Child Specialist Coaching		Other	

PROFESSIONAL SERVICES AGREEMENT

The State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board require that all clients are fully informed regarding the costs of professional services. The following is a list of fees and a summary of my billing practices. I request that you read this material carefully and sign below to signify your acceptance of these terms.

FEES

Initial Consultation Coaching:	\$290.00
Subsequent Appointment:	\$250.00
Telephone Consultation:	Office visit rate, pro rata
Attention to email, text or correspondence:	Office visit rate, pro rata

Payment is made at the time of the office visit. Account balances due over 60 days may be submitted to a collection agency.

CANCELLATION POLICY

Initially, I require 24-hour notice for a cancellation, or you will be charged for the session. After 2 cancellations, this policy is altered within our discussion. If session cancellation is not made 24-hours prior to your appointment, you will be charged \$250; the cost of the hourly rate.

I have read and understand the above conditions. I accept full financial responsibility for fees incurred within the framework of this agreement.

ACCEPTANCE

By signing this document, I demonstrate my understanding that Coaching is not therapy or any type of counseling. This means that no type of psychiatric assessment or diagnosis will be made by Amy Luzar on my behalf. As a result, coaching is not billable to insurance companies. If therapeutic services are needed, referrals can be made for those services.

By signing this document, I also demonstrate that I have reviewed the Coach-Client Service Agreement and agree to its terms.

checking this box indicates I intend to use my typed name and the date as my signature.

CLIENT/GUARDIAN NAME	DATE
SIGNATURE	DATE