



ALTERNATIVE PATHWAYS

Coaching Agreement Form

Session Information

- -If receiving online services I am responsible for making sure I have proper internet access, the ability to be alone in a room for confidentiality purposes, and a quiet place to receive services.
- -Any additional services will be agreed upon by the coach and client and will be added to this coaching agreement.
- -Session length, time, and day may change at will by coach or client.
- -I understand that sessions must be paid following my agreed-upon payment plan, or in full prior to the session start time. I understand that if paying with a card there may be a fee added for card usage.
- -I understand that all appointments must be canceled 2 hours prior to the meeting time. I understand that if I do not cancel prior to 2 hours before our session start time I am responsible for the full price of the session I understand that if I am a no-call no-show to a session, I am responsible for the full price of the payment price of that session.
- -I understand that if I am late to a session that time may not be able to be made up at the end of the session, and regardless I will still pay for the full session. I understand that if I am more than 15 minutes late to a session, Alternative Pathways has the right to terminate that session.
- -I understand that the services provided by Alternative Pathways can be terminated at will anytime, meaning myself, or Alternative Pathways can choose to terminate services. I understand that I do not need to provide an explanation to terminate services. I understand that if Alternative Pathways terminates services, they will send me a written statement explaining why, and it can be effective immediately.

Confidentiality

- -I understand that what is shared in my sessions will be kept confidential between the coach and client unless I disclose I have plans to harm myself, or someone else, active plans to end my life, or if I disclose abuse of a child or other individual in a vulnerable population. In these cases, I understand the coach may report what I disclosed for my safety and the safety of others.
- -I understand that virtual sessions will take place over Sessions by Psychology Today or Google Meet.
- -I understand that the coach will not share any of my information, or share what is discussed in a session without the client's written permission. Both the coach and client must sign a release of information form if the client wishes to share their session information with a health professional or loved one



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Nature of Relationship

- -I understand that at any time I have a right to ask for copies of my coach's certifications, and degrees.
- -I understand that the services provided by Alternative Pathways are NOT intended to replace any medical services, therapy, or clinical services of any kind
- -I understand that Alternative Pathways is providing me with coaching services that are NOT therapy.
- -I understand that my coach is not a therapist, nor is acting as a therapist in our sessions.
- -I understand that my coach does not treat, diagnose, or provide me with a treatment plan.
- --If receiving health coaching, I understand my coach does not prescribe diet, meal plans, or exercise programs. I understand my health coach acts as a guide to resources and support, but it is up to me and my doctor to make any decisions regarding my diet, exercise, and health. I understand my coach is not responsible for any health decisions I make while or after receiving their services. I understand that my coach is not providing me with medical advice and that coaching should never replace seeing a medical professional.
- -I understand that I am fully responsible for my well-being during my sessions, including my choices and decisions.
- -I recognize that coaching and other services provided at Alternative Pathways are not psychotherapy, therapy, clinical counseling, or any form of medical treatment (both physical and mental), and that professional referrals will be given if needed, or referred back to your therapist or doctor.
- -I understand that coaching and other services provided at Alternative Pathways is a relationship I have with my coach that is designed to facilitate personal exploration and movement towards greater health and wellbeing. I understand that we will work together to determine the lifestyle changes needed and to develop a strategy/plan for achieving those goals.
- -I understand that coaching and other services provided at Alternative Pathways is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
- -I understand that coaching and other services provided at Alternative Pathways does not treat mental disorders as described by the American Psychiatric Association. I understand that healthy change coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.
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- -I understand that coaching and other services provided at Alternative Pathways is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and my actions regarding them are my responsibility
- -If receiving hypnosis services, I understand that all hypnosis is self-hypnosis. The hypnotist is merely a guide. I understand that I must follow the hypnotist's instructions and recommendations in order to be successful.
- -I understand that the services provided at Alternative Pathways are NOT providing me any advice, but instead are there to help support me on my journey to health and wellness
- -I understand that Alternative Pathways is not responsible for any life decisions I make while attaining and after attaining services.
- -I understand that Alternative Pathways can deny services if they feel it is out of their coaching scope of practice.
- -I understand that coaching results are not guaranteed and that I am responsible for my own results.
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- This Coaching Agreement may be modified by agreement of the coach and client and through an addendum explaining the modifications that are signed and dated by both coach and client.

By signing my full name below I acknowledge and understand that I am agreeing to the terms and conditions listed above.

Client Signature _____ Date: _____

Or

Parent/Guardian Signature _____ Date: _____

Name of Client (Print): _____

Coach Signature: _____ Date: _____