

## **Perspective Coaching Informed Consent**

### ***Perspective Coaching***

- I understand that perspective coaching neither treats mental disorders nor conducts mental health evaluations.
- I understand that it is my responsibility if I suffer from a mental disorder or that I need to be evaluated for mental health concerns he/she will refer me to seek out a licensed mental health practitioner.
- I fully understand that perspective coaching is not psychotherapy or counseling and that suggestions to seek such professional referrals for assistance will be given if needed.
- I certify that if I am currently in therapy or counseling, or otherwise under the care of a mental health professional, that I have consulted with this professional about my working with a perspective coach. I certify that this mental health professional is aware of my decision to enter a perspective coaching relationship.
- I understand that perspective 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 psychotherapy.

### ***The Nature of the Perspective Coach Relationship***

- I understand that the purpose of my relationship with my perspective coach is to co-create, develop, and facilitate my personal, professional or business goals.
- I understand that the purpose of perspective coaching is to develop and to implement new ways to view situations and to create a strategy, plan, and/or program that is designed to achieve a more expanded awareness.
- I understand that perspective coaching 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.
- I understand that to enhance the coaching relationship, I agree to communicate honestly, be open to feedback and assistance, and to create the time and energy to participate fully in the sessions.
- I am aware that I can choose to discontinue coaching at any time. I acknowledge the coach reserves the right to terminate the business relationship at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees and/or conflict of interest.
- I understand that although perspective coaching is a process that may involve several areas of my life, including career and work, finances, health, and personal and professional relationships, deciding how to manage these issues and implement changes is solely my responsibility. Likewise, I am accountable for any circumstantial results therein.

### ***Risks and Benefits of Coaching***

- Coaching is a process in which the coach and client discuss a myriad of issues, events, and experiences for the purpose of creating positive change so the client can experience his/her life more fully.
- There are several benefits from participating in coaching sessions. A coach can provide support, problem-solving skills, and enhanced coping strategies for presenting issues and goals.
- Simply put: It is often helpful to have someone on the "outside" looking in. perspective coaching can provide a fresh view on a difficult problem, pointing you in the direction of a solution or assist with tactics to obtain a goal. The benefits you obtain from coaching depend on how well you use the process and put into practice what you learn.
- Participating in coaching may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which coach will challenge the client's perceptions and assumptions and offer different perspectives. The issues presented by the client

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may result in unintended outcomes, including changes in personal relationships. The client should be aware that any decision on the status of his/her personal relationship(s) is the responsibility of the client.

- Personal growth and change may be easy at times but may also be slow and frustrating. The client is encouraged to address any concerns he/she has regarding his/her progress in coaching sessions with the coach.

### ***Records & Confidentiality***

- I understand that information transmitted by me in this perspective coaching relationship will be kept strictly confidential unless I give explicit, specific permission to release it to specifically designated people. I understand that the only exception to this confidentiality will occur if the release of personal information is required by law.
- I understand the coach may take notes during the session and these notes constitute the coach's business records and are the sole property of the coach.

### ***Coaching via Email/Telephone/Skype/FaceTime /Zoom***

- The coach will sometimes conduct sessions via telephone and videoconference. This includes consultation, treatment, transfer of data, and education via interactive audio, video, or data communications. Such practices will be conducted with the same agreement of confidentiality as established in previous paragraphs (Confidentiality). These types of communication may not be as complete as face-to-face services but may still be beneficial to the client. The transmission could be disrupted or distorted due to technical failures or the transmission of information could be intercepted/interrupted/accessed by unauthorized persons. The client should discuss any concerns regarding the risks and benefits of telemedicine with the coach.

### ***Schedule and Fees***

- This coaching agreement is valid as of the date of signing (listed below). The length of the sessions will be 50 minutes. Fees are disclosed at the time of scheduling a session.

### ***Cancellation & Rescheduling Policy***

- Please refer to the clinic policy for these terms.

### ***Acknowledgment***

- By signing below, client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement.
- The client has discussed such terms and conditions with the coach and has had any questions regarding the terms and conditions of the Agreement and consents to participate in coaching answered.
- The client agrees that this is a release of Liability, a waiver of legal rights and contracts between The Balanced Tree LLC DBA Three Moons Acupuncture and the undersigned. I release The Balanced Tree LLC DBA Three Moons Acupuncture from liability associated with this service. I certify that I am a competent adult of at least 18 years of age and sign this at my own free will. This consent and waiver form is voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successor, and assigns.
- The client understands they are fiscally responsible to the coach for all charges, including unpaid charges at the time of termination for any reason.

***I have read and agree with the above.***

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_