



THE THERAPY GROUP

AUTHENTIC  ATTUNEMENT

Coaching Informed Consent

I do hereby seek and consent to take part in the coaching by _____. I understand that developing a goals and a plan with this coach and regularly reviewing our work toward meeting these goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this coach.

I am aware that I may stop my sessions with this coach at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop coaching sessions. I am aware that the coach will only release client records at the request of the client, and to that client directly. I understand that the coach shall not be subpoenaed to testify for or against the client.

I know that I must call to cancel an appointment at least 24 hours (1 day) before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment. I understand that if payment for the services I receive here is not made, the coach may stop my treatment. I understand that coaching includes consultation, transfer of data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that coaching also involves the communication of my information, both orally and visually.

I understand that I have the following rights with respect to coaching:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to coaching. As such, I understand that the information disclosed by me during the course of coaching or consultation is generally confidential, whether such disclosure is made in-person or virtually. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Notice of Privacy Practices (Brief Version), I received with this consent form.
3. I understand that there are risks and consequences from coaching, including, but not limited to, the possibility, despite reasonable efforts on the part of my coach that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.



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4. I understand that I may benefit from in-person and/or virtual coaching, but that results cannot be guaranteed or assured.

5. I accept that coaching does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

6. I understand that there is no national licensure for coaches and, therefore, there is no national regulatory board.

7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my coaching sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my session.

8. I understand that while email or text may be used to communicate with my coach, confidentiality of my emails and texts cannot be guaranteed.

9. I understand that although _____ is a Therapist, they are not using their license for the services rendered, they are not presenting themselves as a therapist to the Client, and they are not providing psychotherapy to the Client.

10. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.

Cancellation Policy

Please be advised that appointment cancellation for in-person or virtual sessions must be made at least 24 hours in advance. Otherwise, your account will be charged the full price of the session. This is due to the difficulty in filling a cancelled session with short notice. Due to the volume of clients in need of our services, each appointment time is not only imperative but valuable to both you as a client and to the coach to maintain the efficiency of the practice. Thank you in advance for your cooperation and understanding.

Signature page follows.

West Chester
222 N. Walnut Street,
Suite E & A
West Chester, PA 19380



Philadelphia
268 S. 9th Street,
1st Floor
Philadelphia, PA 19107

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Coach's name

My signature below shows that I understand and agree with all of these statements.

Signature of client (or person acting for client)

Printed name

Date

Relationship to client (if necessary)

I, the coach, have discussed the issues above with the client (and/or their parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Coach

Date

Copy accepted by client Copy kept by coach

This is a strictly confidential client record. Redisclosure or transfer is expressly prohibited by law.