

Stacy Finch

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LIFE COACH-CLIENT SERVICE AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

LIFE COACH SERVICES

Coaching is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in coaching, 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. I, as your life coach, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Coaching has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling 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. Life coaching 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. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, every two to four weeks, 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, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect your session fee [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I 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.

PROFESSIONAL FEES

The standard fee for each session is \$125.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by e-transfer or paypal; I am not able to process credit card charges as payment. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly or bi-weekly appointments, it is my practice to charge this amount on a prorated basis (I will break 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 of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

CONFIDENTIALITY

No information shared or disclosed will be shared to any external party without expressed written permission, except as required by law. Disclosure by law may be required in the following circumstances:

- When there is a reasonable suspicion of child abuse/neglect to a dependent
- When the client communicates a threat of bodily injury to self or others
- When the client is suicidal
- When disclosure is required pursuant to a legal proceeding
- When the client is in a probation or parole period or other legal situation that would require disclosure

PROFESSIONAL RECORDS

I will keep appropriate records of the services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking life coaching, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. You have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential

voice mail 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 me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Distress Centre, 2) go to your Local Hospital Emergency Room, or 3) call 911. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in sessions, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO COACHING

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Client Signature _____ Date _____

Parent Signature _____ Date _____

Coach Signature _____ Date _____