



Agreement and Understanding



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Welcome to my coaching practice! I'm glad you've chosen to work with me as your Certified Coach. I want you to have the best experience possible in this relationship. As such, I have included information about our work together, and ask that you sign and date this from at the bottom to show that you have read this document and understand and agree to abide by the guidelines outlined within it. Feel free to let me know if you have any questions or need any clarification.

THE NATURE OF THE WORK:

The coaching I specialize in is a mixture of respectful inquiry, conversation, listening, teaching points, experimentation, exploration and well-chosen action steps. It's designed to help you reach your goals, to properly evaluate and re-adjust your goals when necessary, and you help you have an empowered relationship with food and body.

THE ROLE OF THE COACH:

My role is to assist with the improvement of eating challenges such as weight, overeating, binge eating, body image, chronic dieting, and nutrition related health concerns such as digestion, fatigue, mood, cognition, immunity, and more. Coaching services are not to be construed as, or a replacement for psychotherapy, legal counsel, or medical advice. If either of us recognizes that you have an issue that would benefit from medical or psychotherapeutic intervention, I will do my best to refer you to the appropriate resources.

RESPONSIBILITY:

Ultimately, the coaching relationship is about you, the client, taking full responsibility for your actions, and your life. You enter into coaching with the understanding that you are responsible for creating your own decisions and results. You agree not to hold the coach liable for any outcomes resulting directly or indirectly from the coaching process.

HONESTY:

I will do my best to be honest and straightforward. If there is anything that is not satisfactory for you about our work together, please let me know immediately so that we can take steps to make corrections. I encourage you to honestly tell me what's going on for you. If I ever say or do something that upsets you or doesn't feel right, please bring it up. Honesty and trust are critical for successful work. I want this to be an open and safe place for you to come with confidence.



CANCELLATIONS AND RESCHEDULING:

I understand that there are times when you will need to cancel and/or reschedule your appointment, and I will do my best to accommodate your needs. Any cancellation or rescheduling must be done 24 hours prior to our appointment. I request that you honor this policy as diligently as possible. If you cannot comply, your session will be “missed” and appropriately charged. Please call this number XXXXXXXX and do not email me if an appointment needs to be cancelled with less than 24 hrs notice.

CONFIDENTIALITY:

All of our conversations and sessions are kept strictly confidential. I promise to protect the privacy of our work together.

PREPARATION:

To ensure the most productive use of our coaching time, please come to each session with some preparation. Take some time to consider the progress you’ve made and how you’d like to use the upcoming session. Use any of the following questions or invent your own. You can email your responses ahead of time if you like: What progress have I made since our last session? What challenges did I face? How did I handle them? What new insights have emerged? How would I like to focus this next session?

IN BETWEEN SESSIONS:

If you have a short question or request for feedback in between sessions, you can e-mail me and I will respond within 24 hours, unless it is over the weekend.



PAYMENT POLICY:

Payment may be made by check, cash or credit card. All sessions must be paid for within 24 hours before the session via online payment, or at the conclusion of the session if we are meeting in person.

INSURANCE:

Coaching is not like the practice of medicine, psychotherapy, or other traditional modalities. For this reason, coaching is not covered by health insurance.

REFERRALS:

My practice fills, in large part, by referrals. If you are benefiting from our relationship, I'd appreciate it greatly if you suggest my services to appropriate friends, family and colleagues.

I have read this document and agree to its' guidelines and policies:

Print Name: _____

Sign Name: _____

Date: _____