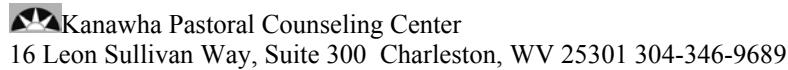


Coaching Client Information Form



Name _____

Street _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____ Cell Phone _____

Email address (please print clearly) _____

Birth date ____/____/____ Age ____ Sex (M/F) ____

Emergency contact person: _____ Phone: _____

Company/Congregation _____

Costs related to my coaching, leadership development, skills training will be paid for by me.

Costs related to my coaching, leadership development, skills training will be paid for via the contact person indicated below. KPCC may send my statements directly to this person. I will be responsible for any expenses not covered.

Contact Name: _____

Contact Address _____

Contact Phone: _____

Contact Email: _____

Signature of Client: _____ **Date:** _____

**Kanawha Pastoral Counseling Center
Coaching Agreement**

Consent for Coaching: I consent to participate in coaching with the coach who signs this agreement with me. I understand that coaching is a process by which I am working on enhancing my current level of professional performance and personal life goals through the use of questionnaires and assessments, listening, asking questions, clarifying values, developing skills, overcoming obstacles, and working toward a high level of self-care. A key part of my coaching will be to develop a coaching agenda that will outline appropriate action steps to move toward the achievement of my goals and aspirations. I understand I need to actively participate in the process and be honest about my feelings and actions. Although there are no guarantees to the outcomes of the coaching, most people do receive benefits from a coaching relationship. I understand I may discuss the benefits, risks, alternatives, and nature of the coaching to be employed with my coach when requested.

Coaching is Not Therapy: I understand that coaching is *not* counseling or psychotherapy; therefore, if any issues arise that are better served in the therapeutic setting, I understand my coach will provide me with referrals for psychotherapy. I have the right to be treated with respect and dignity during coaching. I will not be subjected to any verbal, physical, or emotional abuse by anyone on staff. I am aware I may terminate coaching at any time without consequence, but I will still be responsible for payment for the services I received.

Confidentiality: I understand that all information discussed in the session is confidential and that written permission is required in order for my coach to speak with anyone regarding our work together. I understand that my coach does participate in professional consultation to assure that I am receiving the best coaching possible. I further understand that at times telephone conversations, e-mails or faxes may be utilized and that the confidentiality of information transmitted through these venues cannot be guaranteed. Coaching is not a medical treatment and is not covered by HIPAA.

Because my coach is also a licensed mental health professional, I understand that he or she is legally and ethically to protect either myself or others from harm, and that my confidentiality may be limited in this instances. This would include any information I might disclose that indicates that a child or elderly or, disabled person is being abused. I further understand that if I am at imminent risk of hurting another, or myself, the coach is required to take protective action. I understand that these instances are quite rare in coaching practices and that my coach will make every effort to discuss these matters with me prior to taking any action.

Grievances: If I have a complaint about my service, I will discuss it with my coach. If that does not resolve the problem, I may contact the Executive Director to further discuss the issue.

Fees for Service: My fee will be discussed and set with my coach during the first session.

I agree to pay the full fee of \$ _____ for individual sessions and \$ _____ for group sessions.

I have made arrangements with my church/business/organization for the payment of the sessions as part of a Continuing Education / Professional Growth / Leadership Growth Plan. A letter authorizing this plan is attached, with a contact name, address, phone, and email. KPCC may contact this person to verify the Plan and for payments.

I am aware that I must cancel appointments 24 hours in advance or I will be charged for the full session fee unless I can reschedule the appointment during the same week. Missed groups will still be charged even with notice.

I certify with my signature below that I have read, understand, and agree with the contents of this coaching agreement.

Client

Date

Coach