

In Touch Life Coaching, LLC

Coaching Agreement

Name: _____

Fee: \$ per session _____ \$ per month _____

Number of sessions per month _____

Duration of scheduled session _____

Ground Rules: Client calls the coach at the schedule time.
 Client pays coaching fees in advance.

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional wellbeing during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that "coaching" is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education, and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that 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 diagnosis, treatment or therapy.
5. If I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health professional regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise.
7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training or consultation purposes.
8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual, or other qualified professionals. I will seek independent 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 sole responsibility.

I have read and agreed to the above.

Client Signature: _____ Date: _____

Coach Signature: _____ Date: _____