

Healing Into Wholeness **Coaching Agreement**

Date of Agreement: _____

Coach Information

Name: Caroline Sabi, LPC, EMDR,

Mailing Address: 2455 NW Marshall St suite 7C, Portland, OR 97210
Phone: 503-752-3975 (telecoaching, texting and voicemail at this number)

Email: carolinesabi@comcast.net

Client Information

Completing the address, phone and email information below indicates permission to contact you by these methods. If you prefer not to be contacted by a certain method, please let me know.

Client's Name: _____

Client Address: _____

—
Code Street City, State and Zip

Client Phone: _____ (primary, prefer contact and messages here)

Texting at this number is OK not OK

Client Phone: _____ (secondary, optional)

Texting at this number is OK not OK

Client Email: _____

—
Referred by: _____

I am currently under the care of a therapist or other mental health clinician Yes
 No



Services

A coaching session consists of 50 minute face-to-face meeting or telecoaching by phone or video conferencing as agreed upon by Client and Coach. Coaching sessions may include values clarification, brainstorming, personal strategic planning, mindfulness work and work on perspective and internal beliefs as pertains to the goals and choices the Client faces.

Expectations

1. For Telecoaching sessions Client is responsible for contacting the Coach at the scheduled time via phone at 503-752-3975 or via video conferencing such as zoom or FaceTime.
2. Client pays coaching fees at time of service for individual sessions. A credit card will be held on file by Coach to facilitate the billing process.
3. 24 hour cancellation policy: Client is responsible for a session late fee of \$35 if session is cancelled or rescheduled within less than 24 hours of scheduled time.
4. Client pays for their own long-distance, texting or data charges, if any.
5. Coach will be available for the full time allotted for session. If Client wishes to extend session time, additional time can be added if Coach's schedule allows. Fees for added time to a session will be billed in quarter hour increments at \$40 per quarter hour, due at time of service.

Agreements

1. As a client, I understand and agree that I am fully responsible for my physical, mental, and emotional well-being 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, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
4. I understand that coaching does not involve the diagnosis 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. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider 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, in writing, except as required by law. Sometimes information that you share with me may be specific and personal. Your willingness to be truthful will be treated with the utmost respect.
 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.

Throughout our working relationship our conversations will be direct and personal. You can count on me to be honest and straightforward, ask clarifying questions, make empowering requests, and assign creative, useful homework. The purpose of our interaction is to hold your focus on your desired outcome and to coach you to stay aware, clear, focused and in action.



By signing below, the Coach and the Client agree to keep these agreements. The Client agrees to keep the Coach informed as to what is needed to keep the process moving forward. It is helpful for there to be open communication between Client and Coach about what is working or not in the relationship and coaching process. In the event that you, the Client, are dissatisfied, please discuss with me what you need.

Our signatures on this agreement indicate full understanding of and agreement with the information outlined above.

Caroline Sabi, LPC, EMDR

Coach Name

Coach Signature

Date

Client Name Printed

Client Signature

Date