

# **ROCK SOLID FAMILIES** | Coaching Agreement

Please read, complete, and sign this Rock Solid Families Coaching Agreement carefully and completely. Email the completed and signed agreement to <u>linda@rocksolidfamilies.org</u> **BEFORE** your first coaching session. This agreement will be reviewed together during your first scheduled coaching meeting. A copy of this agreement is available upon request.

| Date:                 | Coach's Name:                |                          |
|-----------------------|------------------------------|--------------------------|
| CLIENT INFORMATION    | l (If Client is a minor, lis | st parents' names first) |
| Name #1:              |                              | Date of Birth:           |
| Name #2:              |                              | Date of Birth:           |
| Minor Client Name:    |                              | Date of Birth:           |
| Phone #1:             |                              | Phone #2:                |
| Email #1:             |                              | Email #2:                |
| Address:              |                              |                          |
| Wedding Date (if marr | ied):                        | Previous Marriages?      |
| How Did You Hear Abo  | out Us?                      |                          |
|                       |                              |                          |
| Faith Background/Chu  | Irch Home?                   |                          |
| Reason for seeking co | aching:                      |                          |

How long have you been working through this challenge?

Are there other people involved in this challenge? If yes, who are they and what is your relationship to them?

Have you sought outside help for this challenge before and/or has there been a diagnosis of any mental illness in the past? If yes, who/what was the outside help? When did you seek this help? What were the results and/or diagnosis?

What is your goal(s) as it relates to this challenge?



Print Client's Name: \_\_\_\_

Print Coach's Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### Coaching Fee: \$75 per session

This Coach-Client Agreement is presented and reviewed during the first scheduled coaching meeting. Clients are asked to carefully review agreement, sign, and return before the second session. A copy of this agreement is available upon request.

This Agreement is with **Rock Solid Families** which is a 501c3 faith based non-profit coaching organization. By signing and dating this document, you agree to enter into a coaching relationship with a Rock Solid Families coach.

#### Faith Based Coaching

Coaching is a partnership between the Coach and the Client in a thought-provoking process that inspires the client to maximize their personal and professional potential. It is designed to help the Client develop personal, relational, and/or professional goals and a practical plan for achieving those desired goals.

# **1. THE COACH-CLIENT RELATIONSHIP**

- a. The Coach agrees to maintain a high level of coaching ethics and standard of behavior established by God and the Bible.
- b. The Client is solely responsible for his/her own physical, mental, and emotional well-being. All decisions, actions and results arising from the coaching relationship are under the ultimate control of the Client. As such, the Client agrees that the Coach is not and will not be liable or responsible for any action or inaction of the Client.
- c. The Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life including professional, relational, spiritual, emotional, recreational, intellectual, physical, and financial. The Client understands incorporating coaching principles into those areas and implementing tools given by their Coach is exclusively the Client's responsibility.

- d. The Client understands that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal or medical professionals. It is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly informs the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach. It is also the Client's responsibility to advise their Coach if they are currently under the supervision of a licensed professional counselor. Seeing both a Coach and a counselor for the same issue is not recommended. Any current counseling relationships must be disclosed to the Coach immediately.
- e. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly and be open to feedback and assistance. The Client agrees to create the time and energy to participate fully in the program.

# 2. SERVICES

The parties agree to engage in a coaching relationship through scheduled in-person meetings and/or online by Zoom/Facetime. Coach will be available to Client by email and voicemail in between scheduled sessions. If abused by Client, availability may be limited.

# 3. SCHEDULE AND FEES

The fee is **\$75 per session** and each session typically runs 50-60 minutes. The parties will mutually agree on the frequency of scheduled meetings but is typically weekly or biweekly to start with.

# 4. PROCEDURE

All appointment scheduling is done through our online scheduling system and is available through our mobile scheduling app Acuity Scheduling. <u>https://rocksolidfamiliesappointmentlink.as.me/schedule.php</u>. The date, time, and type of appointment (in person or Zoom) will be determined by Coach and Client.

# 5. CONFIDENTIALITY

This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality. The coach does reserve the right to share necessary client information with his/her Rock Solid Families coaching partner for the sake of documentation, consultation, or evaluation of a particular situation. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege. The Coach agrees not to disclose any specific information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without the Client's consent.

# 6. LIMITS TO CONFIDENTIALITY

Confidential Information does not include information that: (a) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client's industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (f) is disclosed to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; and (g) involves illegal activity. (h) parent requests minor information. The Client has obligation to raise any confidentiality questions or concerns with the Coach in a timely manner.

General topics may be anonymously and hypothetically shared with other clients or professionals for coaching, supervision, mentoring, evaluation, and/or consultation purposes. No details or names will ever be shared that would disclose the identity of a client unless permission was granted beforehand.

# 7. CANCELLATION POLICY

Rescheduling and cancellation of appointments can be done through our online scheduling program up to 24 hours before a session without any penalty or fee. Coach reserves the right to bill Client for a missed appointment without a 24-hour notice.

# 8. RECORD RETENTION POLICY

The Coach will keep written documentation of each session including information and data acquired or shared by the Client. Such records will be maintained and protected by the Coach in a digital or print format for a period of no less than 2 years.

# 9. TERMINATION

Either the Client or the Coach may terminate this Agreement at any time up to 24 hour before the next scheduled appointment. The Client and Coach agree to notify the other that the agreement has been terminated through written or verbal

notification. Client agrees to compensate the Coach for all coaching services rendered up to the effective date of termination of the coaching relationship.

#### **10. LIMITED LIABILITY**

Except as expressly provided in this Agreement, the Coach makes no guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the Client for any indirect, consequential, or special damages.

#### **11. ENTIRE AGREEMENT**

This document reflects the entire agreement between the Coach and the Client and reflects a complete understanding of the parties with respect to the subject matter. This Agreement supersedes all prior written and oral representations. The Agreement may not be amended, altered, or supplemented except in writing signed by both the Coach and the Client.

#### **12. DISPUTE RESOLUTION**

If a dispute arises out of this Agreement that cannot be resolved by mutual consent, the Client and Coach agree to attempt to mediate in good faith for up to 30 days after notice given. If the dispute is not resolved, and in the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party.

# PLEASE REVIEW ABOVE AGREEMENT, SIGN AND RETURN BEFORE NEXT SESSION:

| Client Signature: | <br>Date: |
|-------------------|-----------|
| -                 |           |
|                   |           |

Client Signature: Date: