

Coaching Agreement

Understandings regarding Coaching: I understand that coaching is a process designed to assist me to enhance my current level of *professional performance* and *personal life goals*. I understand that this process requires a minimum of six sessions and generally happens by phone. I understand that the coach will employ careful listening and meaningful questions in order to help me clarify my beliefs and values, overcome obstacles, develop skills, and work toward a high level of self-care and self-challenge. I understand that I am expected to actively participate in the process and to be honest, forthright, and reflective regarding my experiences, feelings, and actions. I understand that, while most people benefit from the coaching relationship, there are no guarantees to the outcomes of coaching. I understand that I may discuss the benefits, risks, alternatives, and nature of this coaching relationship. I understand that coaching is not psychotherapy, and that issues that may arise that are better served in the therapeutic setting will be referred.

Confidentiality: I understand that personal information shared in the coaching session is confidential and that written permission is required in order for my coach to discuss this personal information with others, *with the exceptions that follow*.^{*} I understand that as a member of the International Coach Federation, my coach is required to log coaching hours with me and has my permission to do so, including listing my name and email address. I understand that, because my coach is a member of clergy or a mental health professional, he or she is legally and ethically bound to breach confidentiality in order to protect others and myself from harm. (This would include any information I might disclose that indicates that a child, elderly, or disabled person is being abused.) I further understand that if there is imminent risk that I might hurt myself or another, that the coach is required to take protective action. I understand that confidentiality cannot be fully guaranteed when information is shared via telephone, email, fax, and other electronic media due to the limits of privacy guarantees inherent in these media.

Grievance: I understand that I may contact the Executive Director of the HOPE CSA, Inc. with complaints regarding my coaching experience.

Fees and terms for service: I agree to

- Pay the full fee prior to or at the first session of \$150
- Pay the balance for the remaining sessions @ \$125 per session at the above rate according to the following schedule: _____
- Cancel appointments twenty-four hours in advance. (Failure to do so will result in a charge the full session fee.)

Consents:

**Confidentiality exceptions: none*

Having read, understood, and agreed to the information detailed above, I certify with my signature that I consent to participate in coaching with the coach who also signs this agreement.

Client signature _____ Printed name _____

Coach signature _____ Printed name: Jeffrey L. Hawkins

Date _____