



our
Wellness Collective

1052 Kinderhook St Valatie NY 12184 | (518) 303-2725

Client Agreement and Background

Introduction:

This agreement is intended to provide individuals with important information regarding Recovery Coaching. This form will provide a clear framework for our work together and will facilitate our coaching relationship. Any questions or concerns regarding the contents of this form should be discussed with your recovery coach prior to signing it.

Part I: Recovery Coaching Information

Coaching Framework:

At Our Wellness Collective, we value each person as the greatest resource in reaching their recovery and wellness goals.

We provide recovery coaching services to individuals in sustained recovery from addictions, those just beginning their journey of recovery, as well as to family members or loved ones affected by addiction. Whether you are in or seeking recovery yourself, or have struggled or are currently struggling with the process with a loved one, we can provide support through the techniques offered in Recovery Coaching.

Recovery Coaching is a style of coaching rooted in the lived-experience of the coach. Research has shown the effectiveness of utilizing lived-experience to help increase engagement and motivate change behavior. We pair the art of our lived-experience with the science and skills learned through training and education.

We are trained in the CCAR Recovery Coach Academy©, certified by the New York Certification Board (NYCB) as Certified Addiction Recovery Coaches (CARC), Certified Recovery Peer Advocates (CRPA), Recovery Coach Professionals (RCP). We follow a strict code of ethics, which you can review [here](#) at any time.

Part II: Client(s) Rights

1. You have the right to ask questions about anything during coaching; if you wish, we will explain our approach and methods to you.
2. You have the right to decide not to receive coaching from Our Wellness Collective; if you wish, we will provide you with the names of other professionals whose services you might prefer.
3. You have the right to end coaching at any time without any moral, legal, or financial obligations other than those *already* accrued. We ask you contact us by phone or in person before you make such a decision without prior discussion.
4. You have the right to expect us to maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

5. Coaching involves a partnership between the coach and the recoveree. As your coach, we will contribute knowledge, skills and a willingness to do our best.

Client's Initial's _____

One of the most important rights involves confidentiality: within the limits of the law, information revealed by you during coaching will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law or our professional standards.

Limits of Confidentiality:

- a) Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
- b) If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I may warn the intended victim and notify the proper authorities.
- c) If you, as a client, reveal a serious intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.
- d) If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I may be required to release your confidential information to the court.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities. Your confidentiality still remains an *ethical priority*.

Part III: The Coaching Process

Benefits and Risks of Coaching:

Coaching is a process in which we discuss a variety of issues, events and goals for the purpose of creating positive change so you can experience your recovery more fully. Participating in coaching may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved social, work, and family interpersonal relationships, and increased self-confidence. There is no guarantee that coaching will yield any or all of the benefits listed above.

Participating in coaching may also involve some discomfort, including remembering unpleasant events, feelings and experiences. The process may possibly evoke strong feelings of sadness, anger, fear, etc. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Please address any concerns you have regarding your progress in your coaching with us.

If at any time during the coaching process you express a need for a greater level of support, we will refer to appropriate resources. It is common to identify other needs during coaching and various referrals may be made the coach throughout the process. It is your choice to follow up on any suggestion or referral made by the coach.

Client's Initial's _____

Appointments:

Your appointment time is reserved especially for you. Coaching sessions are normally 60 minutes. Cancellations must be made 24 hours in advance; otherwise, you are responsible for a \$25 fee. After 2 missed appointments you will be required to pay in full in advance for your next scheduled appointments.

E-Mail, Cell Phones, Computers and Faxes:

It is very important to be aware that computers, E-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the emails sent by myself are not encrypted. Faxes can easily be sent erroneously to the wrong address. We use computers that are equipped with a firewall, a virus protection and a password. *Please do not use e-mail or faxes for emergencies.*

Records and Administrative Services:

We will work with a Recovery Wellness Plan developed and guided by the recoveree. In addition to working with this document on an on-going basis, your coach may also document notes on your coaching sessions. Should you request a copy of these records, such a request must be made in writing. We have no current statute to maintain your records for any period of time and after completion of the coaching services, any notes will be destroyed in a manner that preserves your confidentiality.

Professional Fees and Payments:

We will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. Payment is expected at the beginning of each session unless we have agreed otherwise. Balances more than 120 days overdue may be subject to collection through the use of a collection agency. However, we will first attempt to make other arrangements with you as needed. In general, it is important to discuss with me any issues that arise in connection with our financial arrangements, so that they do not hinder our working relationship

Client's Initial's _____

Part IV: Payment

1. I agree BY ENTERING into coaching with Our Wellness Collective I will pay the full fee at each session. If I am late to a session, the length of the session may be shortened, and I agree to pay for a full session. Client's Initial's _____

Fee Structure:

Initial assessment \$125.00
Individual session \$85.00 per hour
Two-person session \$150.00 per hour

2. A 24 - hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay a \$25 missed appointment fee. I understand that this will be my responsibility, not that of the third-party payer. Client's Initial's _____

3. I understand that the coach has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality. Client's Initial's _____

4. I understand that I may pay for my sessions using a major credit card or cash at the time of service.

CONSENT FOR SERVICES

Thank you for reviewing this information and please feel free to discuss any of this information with us. My/Our signature(s) on this disclosure statement indicates I/We have read and understood the conditions of the consultation services outlined. I/We have had the opportunity to clarify any questions and agree to the terms described above before receiving services. I/We have been provided with a copy of this disclosure statement.

Recoveree Signature _____ Date _____

Recoveree Signature _____ Date _____

Coach Signature _____ Date _____

Please use the following **Credit Card Authorization** document to indicate the form of payment you wish to use for any services rendered through this practice. In case of late cancellations and/no shows for scheduled sessions, you will be charged a \$25 missed appointment fee. An additional \$25 is assessed for returned checks. This form will be securely stored in your clinical file and may be updated upon request at any time.

Forms of Payment:

The following forms of payment are accepted through this practice: Cash and the following credit or debit cards: Visa, MasterCard, American Express, and Discover.

Credit Card Authorization Form

I, _____, am authorizing Our Wellness Collective to use my credit card information to charge my credit card for a scheduled coaching session, in the event that I do not notify the office of my inability to attend a scheduled coaching appointment, do not cancel my appointment at least 24 hours in advance, or a check is returned for any reason as agreed to in the Appointment and Professional Fees/Payment Arrangement policies stated in the signed Client Agreement and Background Form that I have reviewed and signed.

Card Type (circle one): Visa | MasterCard | Discover | Amex

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3 digit code on back of card by signature line): _____

Billing Address: _____

City: _____ State: _____

Zip: _____

Signature: _____ Date: _____

By signing below I am authorizing *Our Wellness Collective* to charge for scheduled appointments, no-shows, and late cancellations.

Signature: _____ Date: _____