

Journey Coaching And Counseling Services  
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Tanya Brown  
Life Balance and Stress Management Coach  
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Supervised by: Dr. Renee Miller, Psy.D., MFT  
714-296-8052

### **PERSONAL LIFE COACHING SERVICES CONTRACT**

This document contains important information about my Personal Life Coaching services and business policies. Please read it carefully and note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

#### **PERSONAL LIFE COACHING SERVICES**

Personal Life Coaching is not easily described in general statements. It varies, depending on the personalities of the coach and the client, and the particular problems you want to address in your coaching sessions. Your feelings about the coaching experience and your Life Coach are very important. I encourage you to discuss any questions, confusion, or frustrations you experience so that they do not become obstacles to meeting your goals. I believe you are the best authority on whether or not a coaching relationship will be helpful.

Our first few sessions will involve an evaluation of your needs and problems. By the end of the evaluation, I will be able to offer you some first impressions as to why you are experiencing the problems you have presented and what I would recommend in terms of our work together, if you decide to continue working with me as your Life Coach. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have doubts about continuing, I will be happy to offer you a referral for another Life Coach.

***Please note that Life Coaching is not psychotherapy. If issues arise of a more serious nature, requiring the services of a mental health professional, I will provide you with referrals for assistance. Once these issues are addressed and resolved, if you would like to continue working with me as your Life Coach, I will be happy to rejoin you in that aspect of your growth journey. If you would like to continue receiving Life Coaching***

*while addressing these issues, I would be happy to offer coaching support, with the understanding that I will not be providing any type of diagnosis, therapeutic interventions, or reports to any medical professionals who may need to coordinate care for psychological or medical purposes. This type of service must be provided by a licensed mental health professional, in the event it becomes necessary.*

If you have any questions or concerns about your work with me, I encourage you to discuss them with me. If you feel that I have been unable to adequately address your questions or concerns, you may contact my supervisor, Dr. Renee Miller, directly to discuss them further. She is a licensed mental health professional and also a trained Life Coach. Her contact information is noted above.

Also, in the event of an emergency or unexpected absence, my supervisor may contact you if the situation requires such communication.

Initial \_\_\_\_\_

### **BENEFITS and RISKS**

This section includes a discussion about the benefits and risks of Personal Life Coaching.

The *benefits* may include reduced stress and anxiety, a decrease in negative thoughts and self-defeating behaviors, improved relationships, increased comfort in social, school and/or family settings, increased self-confidence, and a more hopeful attitude towards life.

The *risks* may include discomfort as we address attitudes and behaviors that may be contributing to the problems you have presented. As your coach, I may from time to time challenge your assumptions or perceptions and offer a different perspective.

Changes in your perspective, thoughts or feelings may have unintended outcomes, including changes in personal relationships. During the course of our work together, it is often the case that you will feel worse before you feel better; this is natural and expected in any coaching process.

Personal growth is sometimes difficult and slow, and sometimes easy and swift. When we sign this agreement together, I commit to helping you through the entire process through Personal Life Coaching. This will mean helping you to achieve the goals you initially state. Other issues or problems may arise during the course of our work together that may require exploration. If this happens, we will work together to revise the goals as appropriate and work towards a satisfactory solution of your problems.

There is no guarantee that Personal Life Coaching will yield any or all of the benefits listed above. Neither is there any certainty that the risks listed above will be encountered during the course of our work together. Personal Life Coaching is an open and dynamic process, and its course is dependent upon our mutual willingness to collaboratively continue the process and, to a certain extent, upon life events that cannot be foreseen.

Initial \_\_\_\_\_

### **CONFIDENTIALITY**

The privacy of all communication between a client and a Personal Life Coach is expected and although there are no laws that govern it, I will proceed with the expectation that all information shared by you will be protected as privileged information. I will only release information about our work to others with your written permission, keeping in mind that any coordination of care for medical or mental health purposes must be done between licensed professionals. However, there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's life coaching work. In such cases, I am required to file a report with the appropriate state agency. The following information will clarify those cases in which I am mandated to break confidentiality:

**Harm to Self or Others:** When a client discloses intentions or a plan for suicide, I have a duty to warn and protect the client by notifying legal authorities and to make reasonable attempts to notify the family of the client. When a client discloses intentions or a plan to harm another person, I have a duty to warn the intended victim and report this information to legal authorities.

**Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service agency and/or legal authorities.

**Prenatal Exposure to Controlled Substances:** I am required to report admitted prenatal exposure to controlled substances that are potentially harmful to the unborn child to the appropriate social service agency.

**Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the minor client's records.

While these situations do not typically occur with clients seeking to work with a Life Coach, they have occurred from time to time in my practice. If a similar situation occurs, I will make every effort to discuss it with you before taking any action.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

Initial \_\_\_\_\_

**APPOINTMENTS AND CANCELLATIONS**

Coaching sessions last 50 minutes and are typically scheduled on a weekly basis. Appointments must be made in advance.

If you are unable to keep your scheduled appointment, I ask that you provide at least 24 hours notice. Once an appointment hour is set, this time is set aside for you, and thus, you will be expected to pay the full session fee unless you provide advance notice of cancellation.

Initial \_\_\_\_\_

**PROFESSIONAL FEES**

My standard fee is \$125.00 per 50-minute session. Other options include:

One Month Commitment: \$475.00 (Four 50-minute sessions: SAVE \$25.00)

3 Month Commitment: \$1200.00 (\$100 per session: SAVE \$300.00)

Select Program	Telephone or In-Person Coaching	Meeting length	Length of Regular Meeting	Investment
			50-Minute	

Initial \_\_\_\_\_

**BILLING AND PAYMENTS**

Payment is expected at the time of each session, unless we agree otherwise. In certain circumstances of unusual financial hardship, I may be willing to offer a payment plan option. You will be responsible for all fees connected with my Personal Life Coaching Services due at the time of services or at termination, until all fees are paid. Unpaid fees may be subject to legal action or referral to a collection agency.

I utilize an online billing system that allows me to accept checks, cash, and **Visa/Mastercard/Discover/Amex** Cards. A Payment Processing Information form is included with this orientation packet along with an explanation of how your payments will be handled. Please complete this form today and include it with this contract.

If you would like a Monthly Statement of Charges and Payments, please also include your email address and one will be sent on the 5<sup>th</sup> of each month from Therapy Partner, our payment processing system.

Initial \_\_\_\_\_

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship as Client and Personal Life Coach.

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Client Signature or Guardian if Client is a Minor

Date

# Journey Coaching and Counseling Services

## PAYMENT PROCESSING INFORMATION

Please complete the following information and return this form to your provider. Session fees for all Personal Life Coaching services will be deducted from the account designated on this form and will be noted as a "**JOURNEY COACHING AND COUNSELING SERVICES**" transaction on your bank statement. Forms of payment accepted: Visa, MasterCard, Discover, American Express, checks, and cash.

This form will be securely stored in your file and may be updated upon request at any time.

### **CLIENT INFORMATION:**

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Responsible Billing Party Name** (as shown on Credit Card/Account): \_\_\_\_\_

**Billing Address** (as registered with Credit Card Company/Bank): \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **FORM OF PAYMENT:**

**Check One:** Credit/Debit Card: \_\_\_\_ Cash \_\_\_\_ Check: \_\_\_\_ Session Fee: \_\_\_\_

**ACCOUNT INFORMATION: Card Type (Visa, MasterCard, Discover, AMEX):** \_\_\_\_\_

**Card#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Three Digit Card Code** (Located on Back of Card, or four digit code on front of AMEX): \_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Special Payment Instructions:**

\_\_\_\_\_  
**PERSONAL LIFE COACH NAME:**