

BOSTON EVENING THERAPY ASSOCIATES

7 Kent Street
Units 2 & 3
Brookline, MA 02445

1180 Beacon Street
Units B & DS
Brookline, MA 02446

Coaching Agreement –

Please review, adjust, sign where indicated, and return to me at the above address.

NAME _____

INITIAL TERM _____ MONTHS, FROM _____ THROUGH _____

FEE \$ _____ PER MONTH, \$ _____ FOR THE PROJECT

SESSION DAY _____ SESSION TIME _____

NUMBER OF SESSIONS PER MONTH _____

DURATION _____ (length of scheduled session)

REFERRED BY: _____

GROUND RULES:

1. CLIENT CALLS THE COACH AT THE SCHEDULED TIME.
2. CLIENT PAYS COACHING FEES IN ADVANCE
3. CLIENT PAYS FOR LONG-DISTANCE CHARGES, IF ANY.

- 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.
- 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.
- 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.
- I understand that coaching does not involve the diagnosis or treatment 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.
- I affirm that I am currently, or I will be in therapy or otherwise under the care of a mental health professional as and when needed.
- I affirm that I have thought about, consulted with my mental health care provider (if any) regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
- I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.

I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.

- 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.

I have read and agree to the above.

- _____ Client Signature

Date: