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***Relational Synergistics***

*12324 Cold Stream Rd. Noblesville, IN 46060 317-748-5935*

## ***Relationship Coaching Agreement***

To my clients: Please review, sign where indicated, and return to me at the above address or by digital means.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIAL TERM **3** MONTHS, FROM **02/20/18** THROUGH **04/19/18**

FEE **$60.00/session 2X PER MONTH**

SESSION DAY \_\_\_\_\_\_TBD\_\_X\_\_\_\_\_\_\_\_\_\_\_ SESSION TIME \_\_\_\_\_TBD\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF SESSIONS PER MONTH \_\_\_\_2-3\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DURATION \_\_\_\_\_\_\_45-50 min\_\_\_\_\_\_\_\_\_\_\_\_ (length of scheduled session)

REFERRED BY: \_\_\_\_Self\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GROUND RULES: 1. CLIENTS CALL THE COACH AT THE SCHEDULED TIME.

1. CLIENTS PAYS COACHING FEES IN ADVANCE

1. As clients, we understand and agree that we are fully responsible for our physical, mental and emotional wellbeing during our coaching calls, including our choices and decisions. we are aware that we can choose to discontinue coaching at any time.

2. We understand that “coaching” is a Professional-Client relationship we have with our 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.

3. We understand that coaching is a comprehensive process that may involve all areas of our lives, including work, finances, health, relationships, education and recreation. We acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement our choices is exclusively our responsibility.

4. We understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. We understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and we will not use it in place of any form of diagnosis, treatment or therapy.

5. We promise that if we, individually or together, are currently in therapy or otherwise under the care of a mental health professional, that we have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of our decision to proceed with the coaching relationship.

1. We understand that information will be held as confidential unless we state otherwise, in writing, except as required by law.

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

8. We understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. We will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. We understand that all decisions in these areas are exclusively ours and we acknowledge that our decisions and our actions regarding them are our sole responsibility.

We have read and agree to the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Signature Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Signature Date: \_\_\_\_\_\_\_\_\_\_\_