



Contract Agreement for Coaching Relationship

Coaching Guidelines:

Welcome!

I have positive expectations for a coaching relationship that helps you to create the life YOU want to live. To partner together professionally, I want you to be familiar with the following guidelines.

Terms of Coaching:

I invite you to think of Coaching as a process. Many people create change for themselves in a short time. However, to refine and sustain the change takes several months. Although not binding, I would ask that you expect our Coaching relationship to last at least 3 months. We will set your schedule regarding number of coaching sessions per week/month once we meet and go over your goals.

During our coaching relationship, whether it be relationship coaching, family coaching, business coaching etc. it will be important that we look at all areas of your life

Fees:

My Coaching fee is payable to Dr. Laurie Emery. If you pay by credit card, I will go ahead and autocharge you each week/month that you wish to continue, at the start of the month. If you are paying by check or cash my fee is due for the month at the beginning of the month. There is no commitment beyond month to month. At the ending of our coaching relationship or if you decide at any time to take a break from coaching if you would please do so in person either face to face or on the phone and not by email or text.

Please note that a "month" may not always correspond to a calendar month, but refers to one set of coaching, that usually takes about a month to complete.

Procedure:

If you are coming into the office I will meet you at the office at our agreed coaching appointment time. If you are going to coach with me by phone then you are to call me at 561-239-1614 at the specified time, unless we make other arrangements. If you are going to skype with me you can reach me at DrLaurieEmery on skype. If you are expecting my call and I don't call, please allow five minutes then call me. If you wish to connect with me in between sessions with a challenge, a success or an inquiry, I will make every attempt to respond to your e-mail within 24 hours, with an email or short phone call at your discretion. I'm happy to provide this extra level of service at no additional charge unless the additional coaching session exceeds 15 minutes. At that time there will be an additional charge of a coaching session fee.



**Changes:**

If you need to reschedule our appointment, please give me 24 hours notice and there will not be any charge for that time. If you cancel after the 24 hour notice and also reschedule please note you will be responsible for both session time slots. If you have a standing time each week and you cancel please note that your standing time will be held for you unless you communicate otherwise. There is no need to call or schedule for the following week if you have a standing time slot.

Between Calls:

Email me anytime at dremery@familiesbydesign.net or call me (when urgent) at [561-239-1614](tel:561-239-1614) to reach me with ideas, problems, questions, etc.

Problems:

If I ever say or do anything that upsets you or doesn't feel right, please bring it to my attention so that we can resolve it as soon as possible. My objective is to have a coaching relationship that is fully open, honest, real and trusting in our communication styles. We should both realize that communication via telephone or email entails extra challenges since we cannot see body language, facial expressions, etc. Therefore we give each other plenty of latitude, and promptly ask for clarification if there is a mis-connection.

Coaching Agreement:**Coach**

I agree to serve as your Coach - to partner with you to identify and achieve your personal and/or professional goals.

As your Coach, I cannot guarantee results. You will create powerful results by having the courage and determination to forward the action in your life.

During the time we spend together in our coaching sessions, I will devote my time, thoughts, and energy to you, exclusively. In between our sessions, I may not be instantly available, as I may be attending to others, or myself. I will however, always attempt to be available within 24 hours.

I am a Coach, not a psychotherapist or physician, and I although I am trained in diagnosing psychological conditions that is not the nature of our relationship. If any issues come up for you that should be handled by a licensed therapist or physician, I insist that you must attend to your health by contacting the appropriate professional. We will discuss this if it comes up in our relationship and I will make the appropriate referrals.

As your Coach, I will bring attentive listening, understanding, belief in you and commitment to your success. You can expect me to challenge you, offer fresh perspectives, make requests (including





assigning homework), acknowledge your wins, and guarantee utmost confidentiality (to the fullest extent of the law, and so long as I don't fear for your or another's safety) in the powerful, sacred relationship.

Client

I am motivated and committed to taking action on my determined personal and professional goals. I realize that anything less than my intentional full participation will not lead to my success.

I accept full responsibility for myself and any actions I take that might result from Coaching.

I am under the care of a physician and healthy enough to engage in coaching.

I can financially afford the Coaching fee at this time. I agree to pay (or be autocharged) promptly for each session. I agree that ultimately, it is my responsibility that my coach gets paid for the services I use.

I agree to honor my scheduled session times and understand the 24 hour cancelation fee means if I do not cancel 24 hours in advance I will be charged for my session (unless I have a separate agreement with my coach).

I have read and agree with the Coaching Guidelines and the Coaching Agreement.

Client signature

Date





CLIENT INFORMATION FORM

Last Name: _____ First Name: _____ Middle Initial _____

Date of Birth: _____ Social Security # _____

Permanent Address: _____ Apt# _____

City _____ State _____ Zip _____ Home phone _____

Race: _____ Gender: _____ Religion: _____

Preferred line(s) of communication: circle

Home Work Cell Email Text Message

Email Address: _____

Cell phone: _____ Work phone: _____

Driver's License # _____ State Issued: _____

Marital Status: Married ___ Divorced ___ Single ___ Widowed ___ Separated ___ Other _____

Spouse's Name: _____ Business Telephone# _____

Address (if different) _____ City _____ State _____ Zip _____

Patient's Employer _____ Occupation: _____

Business Address: _____ City _____ State _____ Zip _____

Business Telephone# _____ Extension _____

Referred by: _____ Company _____

Email Address _____ Telephone# _____





Billing / Payment Policy

Types of payment accepted:

Cash, Some Insurance and Credit Cards

*** personal checks are not accepted ***

(This information is required in order to make an appointment at our center.)

Credit Card _____ exp date _____

Clients of *Families by Design, Inc.* are billed monthly for services rendered. It is our policy and a requirement for services to be given to you for us to keep a copy of a credit card on file and be authorized to charge the monthly total of unpaid balance.

I, _____, (print name) authorize *Families by Design, Inc.* to charge my monthly balance to the credit card that I have provided. I understand that my balance will be billed monthly for any fees unpaid.

I, _____, (print name) also authorize *Families by Design, Inc.* to charge my credit card that I have provided to *Families by Design, Inc.* for sessions and services rendered to the following persons specified below:

I fully understand, acknowledge and agree that the balance due and owing to *Families by Design, Inc.* will be billed without interruption for any and all of sessions received by myself or anyone I have specified above and shall be unconditionally liable for the payment of those sessions, costs, expenses or fees that are due and owing or are unsettled. I also hereby agree to abide to all of the provisions of my credit card agreement in making such payments. If I choose to make any changes to the financial agreement I am agreeing to now, then I shall notify *Families by Design, Inc.*, in writing via email or facsimile, 14 days prior to such change so that a new method of payment can be substituted or agreed to by me and Families by Design, Inc. I shall be solely responsible for any and all costs and fees associated with collections of any unpaid balance to *Families by Design, Inc.* Any disputes arising out of payments, cost and or fees associated with services rendered shall be resolved in Palm Beach County Florida and under the laws of the State of Florida.

I have read and agree to the terms of the Billing and Payment Policy as described herein:

(Responsible Party's signature) _____ date _____





Appointment Cancellation Policy

Appointments must be cancelled **24 hours in advance in writing via email or facsimile** to avoid paying for the session. If an appointment is missed, you will be billed for the appointment time which was reserved.

I have read and agree to the terms of the Appointment Cancellation Policy as described

above. _____ (Responsible Party's signature)

_____ date

