

# Coaching Informed Consent Agreement, Page 1 of 3

**INSTRUCTIONS:** Please read over this 3-page Informed Consent Agreement with the Primary Client and both (if applicable) LEGAL Parents/Guardians, then sign on page 3. Please note who is labeled as Parent 1 and who is Parent 2 and keep this consistent throughout this entire document.

**Intention:** Coaching sessions are intended to provide opportunities for personal growth for an individual or for members of an entire family. Coaching sessions may address personal issues including but not limited to relationship dynamics, personal triggers, conflict styles, childhood experiences, and past and present life circumstances. The purpose of our sessions is to face the true reality of all aspects of one's life, to process adverse experiences in a safe space, and to support actions in alignment with one's needs, goals, and values. Your consent is paramount, and you can choose to withdraw from the sessions and from the entire coaching process at any time.

**Confidentiality:** Everything that you discuss during sessions will be kept confidential, except matters pertaining to (1) the intention to harm self or others, (2) the physical abuse, sexual abuse, or neglect of minors, persons with disabilities, and the elderly, (3) legal activity resulting in a court order or anything else required by law. Confidential information may also be released if you request and sign a Release of Information Form.

**Appointments and Methods of Contact:** Appointments may take place in-person or online over Zoom. Appointments can be made on my website ([www.MindfulFamilyMentor.com](http://www.MindfulFamilyMentor.com)) or via email at [Carrie@MindfulFamilyMentor.com](mailto:Carrie@MindfulFamilyMentor.com). I will respond to all emails within 48 hours barring unforeseen emergency circumstances.

**Emergencies and Methods of Contact:** If you have an emergency, it is recommended that you **call 911**, or, in the case of suicidal ideation, **call or text 988, the National Suicide and Crisis Lifeline**, or find them online at <https://988lifeline.org/>

**Termination of Services:** You may terminate services at any time, but all hourly service fees must be paid in full before termination can occur. Failure to pay one's fees may result in legal action.

**Service Limitations:** Legal advice is far beyond my scope of practice. Childcare is also not a service offered, so **an adult caregiver must be present somewhere in the home during in-person and online sessions with children aged 17 or younger**. The legal guardian(s) of the child/children must give written permission before I can provide services while the child/children are under the care of any adult caregiver other than the legal guardian(s) (see "**List of Approved Adult Caregivers**" on page 3).

# Coaching Informed Consent Agreement, Page 2 of 3

This agreement between Carrie S. Miller, MA (Therein after referred to as “the Coach”) and

Name of Primary Client: \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

} (Therein  
after  
referred to  
as the  
“Client”).

WHEREAS, the Coach agrees to provide, and the Client agrees to receive: In-Person Coaching Sessions, In-Person Classroom Observations, and/or Online Coaching Sessions;

WHEREAS the Client agrees to pay the Coach:

- 100 USD per session hour, including driving time for in-person sessions
- 200 USD per initial Treatment Plan
- 50 USD per Treatment Plan update (every 6 months)
- 50 USD per hour to create a customized poster (upon request; see website for examples)
- If the need for a court appearance arises, 100 USD per hour of court appearance, legal prep time, and driving time, plus reimbursement of all travel expenses

THEREFORE, both parties, intending to be bound, agree as follows:

## **The Coach agrees:**

1. to maintain all information provided by the Client, including audio recordings of sessions, strictly confidential, subject to the confidentiality exceptions defined above and any other exceptions as defined by any applicable laws in the Coach’s jurisdiction of Maryland.
2. to comply with all applicable laws of their jurisdiction of Maryland regarding reporting/disclosure obligations in the event of child abuse, elder abuse, or harm to self or other as disclosed by the Client.
3. to make all appointments/calls on time, ready and open to our work together.

## **The Client agrees:**

1. to understand that, although Carrie Miller has her Master’s Degree in Counseling Psychology and is working toward licensure in the state of New Jersey, she is working as a Coach, not a Counselor, with clients outside of the state of New Jersey
2. that the Client alone is fully responsible for their well-being; their choices, decisions, and actions at all times, before, during, and after coaching sessions and appropriate use of skills learnt during coaching.
3. to give 24-hour notice for cancellation except in the case of an emergency and to pay the following fee for each no show: \$40 fee for in-person appointments; \$20 fee for online appointments.

## **CHOICE OF LAW CLAUSE**

This Agreement shall be governed by, and enforced in accordance with, the laws of the state of New Jersey and the International Coaching Federation professional coaching competencies and ethics.

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List of Approved Adult Caregivers Other Than Parents/Guardians (if applicable)	Relationship to Client	Phone Number

**Audio and Video Recording Permission:** Please check one of these two boxes:

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By checking this box, I give permission to Carrie Miller, MA, to **audio record in-person coaching sessions** and **video record online coaching sessions** for record-keeping purposes. I understand that these audio and/or video recordings will NOT be viewed or heard by anyone other than Carrie Miller and Carrie Miller's Supervisor(s).

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By checking this box, I **OPT OUT** of giving Carrie Miller permission to audio record in-person coaching sessions and video record online coaching sessions for record-keeping purposes.

**Sign below to acknowledge that you have read and fully understood all 3 pages of this Informed Consent Agreement explaining the procedures and policies of Carrie Miller, MA, Mindful Family Mentor, SP.**

Parent/Guardian 1 Signature: \_\_\_\_\_

Parent/Guardian 1 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_

Parent/Guardian 2 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_