



# Consent for Coaching Services with Dr. Lyman Coaching Services, LLC

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent/Guardian Name (if applicable): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Introduction**

Coaching is a collaborative process that helps individuals and families set and achieve personal and relational goals. As a coach, I provide guidance, support, and encouragement, but coaching is not therapy, counseling, or a substitute for professional mental health care.

## **Scope of Services**

- Coaching services may include, but are not limited to:
- Individual coaching sessions
- Family coaching sessions
- Goal setting and action planning
- Communication and relationship-building strategies
- Personal development and growth strategies

## **Confidentiality**

All information shared in coaching sessions is confidential. However, confidentiality may be broken if:

- There is a risk of harm to yourself or others.
- There is suspected abuse or neglect of a child, elder, or vulnerable adult.
- I am required by law to disclose information.

## **Fees and Payment**

The fee for coaching services is \$ 250.00 per session.

Payment is due at the time of service unless otherwise agreed upon.

## **Cancellations**

Must be made at least 24 hours in advance; otherwise, a cancellation fee may apply.



**Acknowledgment and Consent**

By signing below, I acknowledge that I understand the nature of coaching services and consent to participate. I understand that coaching is not a replacement for therapy or medical treatment. I agree to take responsibility for my progress and decisions throughout the coaching process. \*

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

Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

\*If you have any questions or concerns, please feel free to discuss them with me before signing this form.