

Coaching Agreement Form

Welcome and thank you for your interest in Coaching with Troy Nickell and Mindful Wellness. This document constitutes a contract between us.

I understand that I am working with Troy Nickell for Professional Coaching at the agreed upon fee. This fee is paid in advance either by Cash, Check, digital transfer or Credit Card. Services must be paid in advance, or they cannot be provided. Your payment is your contract for the agreed upon sessions. Refunds are not offered on prepaid sessions except under extenuating circumstances. We will have standing scheduled times each week by telephone or meeting in person, as deemed most useful. You are free to message with Troy between sessions. Please remember that you must give 24 hours prior notice if you need to cancel or change the time of an appointment, otherwise you will be charged for the session in full. I will make reasonable efforts to reschedule sessions, which are cancelled in a timely manner.

It is important to understand that Coaching is a professional relationship. While it may feel at times like a close personal relationship, it is not one that can extend beyond professional boundaries, either during or after our work together. Considerable experience shows that when boundaries blur, the hard-won benefits gained from the coaching relationship are endangered.

Professional coaching is distinctly different than counseling, psychotherapy, and psychoanalysis. Coaching is often more interactive and action-oriented than traditional therapy. And while coaching deepens your self-learning and self- acceptance in the same way that therapy might, at the same time it also gives you the tools, support, and direction to “move on” into new possibilities, relationships, and behaviors. It is important that everyone seeks the appropriate kind of support for the issues they face, and in some cases, a client may work with both a coach and a therapist. Since Professional Coaching does not constitute medical consultation or treatment, any healthcare insurance does not apply. These fees may be considered deductible business expenses.

All information will be held as confidential unless you request otherwise in writing. As a Licensed Psychotherapist, there are some situations in which I may be legally obligated to breach your confidentiality in order to protect client and/or others from harm, including (1) if I have information that indicates a child or elderly or disabled person is being abused; I must report that to the appropriate state agency and (2) if client is an imminent risk to him/herself or makes threats of imminent violence against another person, I am required to take protective actions. These situations rarely occur in coaching practices, but if such a situation does occur; I will make every effort to discuss it with you before taking any action. Once a coaching client of mine, there is in no way we can engage in Psychotherapy in the event mental health concerns are discovered. If that were to occur, you would be given referrals to appropriate professional services.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined above.

NAME: _____

DATE: _____

SIGNATURE: _____