

# Coaching Informed Consent

## ***Health Coaching and Psychotherapy***

- I understand that health coaching does not treat mental or behavioral health conditions.
- I understand that if my health coach detects or suggests that I have a mental or behavioral health diagnosis he will make a referral to the appropriate resource.
- I fully understand that health coaching is not psychotherapy or counseling and that professional referrals will be given if needed.
- I understand that if I am currently in therapy or counseling, or otherwise under the care of a mental or behavioral health professional, that I have consulted with this professional about my working with a health coach.

## ***The Nature of the Health Coach Relationship***

- I understand that the purpose of my relationship with my health coach is to create, develop, and facilitate my personal, professional or business goals.
- I understand that the purpose of health coaching is to develop and to implement a strategy, plan, and/or program that is designed to achieve those goals.
- I understand that health coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my responsibility.
- I am aware that I can choose to discontinue coaching at any time.
- I understand that although health coaching is a process that may involve several areas of my life, including diet, sleep, career and work, medical needs, and personal and professional relationships, deciding how to manage these issues and implement my choices is solely my responsibility.

## ***Records & Confidentiality***

- I understand that information transmitted by me in this health coaching relationship will be kept strictly confidential unless I give explicit, specific permission to release it to specifically designated persons. I understand that the only exception to this confidentiality will occur if the release of personal information is required by law.

***I have read and agree to the above.***

Client Name: \_\_\_\_\_

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

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

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