

Paramount Transitions, LLC

15400 W. 64th Ave, 9E, Ste 160, Arvada, CO 80007

(303) 431-3092

Coaching Agreement

Name _____
Email _____
Address _____
Phone # (H) _____
(C) _____

I am looking forward to working with you and helping you to achieve your goals. I believe that each of my clients is unique, creative, and capable of moving their own life forward. **Please review the Policies and Procedures that follow, sign this agreement, and mail it to me prior to our first session.**

We will agree on a standard time for our telephone sessions. **Call me at: 303-431-3092.** Please call right on time, as I may have calls before and after yours. Once that time is established it will be reserved for you. If you need to cancel an appointment, please provide at least 24-hour notice or you will be charged for the appointment. The fee is \$500 a month for four ½ hour coaching sessions due a week prior to the first call of the month. However, additional appointments can be scheduled. My office is not set up to finance coaching or to carry on the persistent re-contacting, phoning, leaving messages, and sending repeated bills typical of collection-oriented offices. Thank you for keeping your account up to date. I appreciate your continuing to pay for each month in advance.

The information you share with me will remain confidential unless you give specific permission to release the information or if I am required to release the information by law (i.e. suicidality, homicidality, suspected child/elder abuse/neglect). Limited client contact information may be shared with the International Coach Federation (ICF) solely for the purpose of coach accreditation.

You are at free will. All final decisions are yours to make. As your coach, I will support you, guide you, and assist you in transforming your life. However, the real work is yours to do and you are at choice on how far and how fast you want to go. You accept responsibility for both your actions and decisions.

Coaching is not therapy. Although I am trained in psychotherapy, I do not engage in the practice of psychotherapy with my coaching clients. If issues arise that are best dealt with in a therapeutic context, I expect you to seek appropriate treatment or I will refer you to appropriately trained professional licensed therapists.

Please let me know what is the best way to coach you and if at any time you are not comfortable with what is happening in the coaching relationship, please let me know immediately so we can correct the situation and move on.

If you have any questions, please ask me prior to signing this form.

Client Signature

Date