

Healing & Renewal, LLC
U205 Abercorn St. Suite#215
Savannah, GA 31405
(912) 216-0270

Release of Information

I, _____ of legal age, and is currently residing at _____
located at _____ do hereby authorize _____ with address of release the
following records:

The information to be released shall be for the purpose of:

I understand that this authorization to release the records will remain effective Option 2 and in the understanding that the recipient shall use the information in compliance to applicable laws;

Last date of effectivity

This document is a standing consent and all information processed shall be limited to what is authorized to be shared by the owner to the information

Typing my name below, I am agreeing to all of the above and providing my electronic signature

Signature _____

06-25-2021



LIFE COACH INTAKE FORM

Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

Email: _____

Birthday: _____

1. Please rate your satisfaction with your life in the following areas (1-Worst, 5-Best)

Emotions

Relationship

Sexuality

Body

Work

Money

Spirituality

2. What one thing do you want more of in your life right now?

3. What one thing do you want less of your life right now?

4. List three things you are tolerating right now in your personal life.

5. List three things you are tolerating right now in your work life.

6. What's one thing you would like to achieve but aren't sure how to do it?

7. Listed below are some typical results experienced by coaching clients' which 3 are most important to you? (Direction, focus, accountability, a new perspective, relationship success, strategies, better finances, motivation, new challenges, other-please list)

8. How well do you keep your commitments when taking advice or working with someone towards your goals? (Very, moderately, not too much)

9. How do you like to be supported when hitting challenges in your personal growth or thought process (have a good listener, strategize with someone, work with a devil's advocate, work with guided visualization, journal, etc. If you're not sure, you can write that too.)?

10. Do you have any specific goals and/or intentions for this program?

11. How committed are you to making this program work for you?

06-25-2021

Healing & Renewal Coaching Agreement

This agreement is entered into by and between: Healing & Renewal, LLC (Coach---identify coaching qualifications, certificate, credential etc.) and _____ Name, Address (Client) whereby Coach agrees to provide Coaching Services for Client focusing on the following topics/results/outcomes/goals attached to this Agreement as *Schedule A*.

Description of Coaching: Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.

1. Coach-Client Relationship

- A. Coach agrees to maintain the ethics and standard of behavior.
- B. Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decision, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.
- C. Client further acknowledges that he/she may terminate or discontinue the coaching relationship at any time.
- D. Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client's responsibility.
- E. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.
- F. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.

2. Services

The parties agree to engage in a 3 months coaching Program through (person, internet, telephone) meetings. Coach will be available to Client by e-mail and voicemail in between scheduled meetings as defined by the Coach (Describe those terms here). Coach may also be available for additional time, per Client's request on a prorated basis rate of _____ (for example, reviewing documents, reading or writing reports, engaging in other Client related services outside of coaching hours).

3. Schedule and Fees

This coaching agreements is valid as of ___/___/_____. The fees is _____ (amount in advance if applicable) and/or _____ (amount) per month based on (frequency of meetings such as # of meetings per/week, month, etc.)

The calls/meetings shall be _____ (length of call or meeting for example 30, 45, 60, 90, 120, minutes). If rates change before this agreement has been signed and dated, the prevailing rates will apply.

4. Procedure

The time of the coaching meetings and/or location will be determined by Coach and Client based on a mutually agreed upon time. The Coach will initiate all scheduled calls and will call the Client at the following number for all scheduled meeting 912- 216-0270. If the Coach will be at any other number for a scheduled call, Client will be notified prior to the scheduled appointment time.

5. Confidentiality

This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality set forth in the H&R Code of Ethics. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professions) and thus communication are not subject to the protection of any legally recognized privilege. The Coach agrees not to disclose any information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as reference without the Client's consent.

Confidential Information does not include information that: (A) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client's industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (f) is disclosed to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; (g) involves illegal activity. The Client also acknowledges his or her continuing obligation or raise any confidentiality questions or concerns with the Coach in a timely manner.

6. Release of Information (optional, based upon specific situation)

The Coach engages in training and continuing education pursuing and/or maintaining on credentials. By signing this agreement, you agree to have only your name, contact information and start and end dates of coaching shared with H&R staff members and/or other parties involved in this process for the sole and necessary purpose of verifying the coaching relationship, no personal notes will be shared.

Client Agrees _____ Client Refuses _____

According to the ethics our profession, topics may be anonymously and hypothetically shared with other coaching professionals or training, supervision, mentoring, evaluation, and of coach professional development and/or consultation purposes.

7. Cancellation Policy

Client agrees that it is the Client's responsibility to notify the Coach 24 (number of) hours in advance of the scheduled calls/meetings. Coach reserves the right to bill client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.

8. Record Retention Policy (*Optional, if the Coach as adopted such a policy*)

The Client acknowledges that the Coach has disclosed his/her record retention policy with respect to documents, information and data acquired or shared during the term of the Coach-Client relationship. Such records will be maintained by the Coach in a format of the Coach's choice (print or digital/electronic) for a period of not less than 5 years.

9. Termination

Either the Client or the Coach may terminate this Agreement at any time 2 weeks written notice. Client agrees to compensate the Coach for all coaching services rendered through and including the effective date of termination of the coaching relationship.

10. Limited Liability

Except as expressly provided in this Agreement, the Coach makes not guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the Client for any indirect, consequential or special damages. Notwithstanding any damages that the Client may incur, the Coach's entire liability under this Agreement, and the Client's exclusive remedy shall be limited to the amount actually paid by the Client to the Coach under this Agreement for all coaching services rendered through and including the termination date.

11. Entire Agreement

This document reflects the entire agreement between the Coach and Client, and reflects a complete understanding of the parties with respect to the subject matter. This Agreement supersedes all prior written and oral representations. The Agreement may not be amended, altered or supplemented except in writing signed by both the Coach and Client.

12. Dispute Resolution

If a dispute arises out of this Agreement that cannot be resolved by mutual consent, the Client and Coach agree to attempt to mediate in good faith for up to (Certain amount of time such as 30 days) after notice given. If the dispute is not so resolved, and in the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party.

13. Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If the Court finds that any of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

14. Waiver

The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

15. The Applicable Law

This Agreement will be governed and construed in accordance with the laws of the state of _____, without giving effect to any conflicts of law's provisions.

16. Binding Effect

This Agreement shall be binding upon the parties hereto and their respective successors and permissible assigns.

Please sign both copies and return one copy of this Client Agreement prior to the first scheduled coaching meeting. Retain one copy for your records and mail the other to:

Coach and Address:

CLIENT:

Client Name and Address

Name/Title:

Signature: _____

Date: _____

Coach/for _____ (company name) _____

Name/Title: Coach and title _____

Signature: _____

Date: _____

Healing & Renewal, LLC

Informed Consent for Life Coaching

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding seek life coaching. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. there are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitation of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the coach has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items#3 and 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Yes, I have read, understood and agree to the items contained in this document.

Client Signature

Date

Provider Signature

Date

Safety Contract

If I become overwhelmed with upset feelings & think of killing myself or harming anyone else, I WILL NOT INFLICT HARM, instead I will:

1. I will call 800-273-8255 for a crisis counselor available 24 hours/7 days per week.
2. I will call the following individuals or go to a trusted website support group & ask for their assistance to help me:

Name	Contact info.

3. I will use my own strengths, since I am always with me no matter what I am going through. My personal strengths will help me care for myself. When I have thoughts that make me feel like doing harm, I will replace those thoughts with the thought that:

*I accept myself fully and will get through this safely.
I will think soothing thoughts.*

If I need additional help to keep safe, I will request other services. These services may include: asking to be placed in a crisis stabilization program or a hospital for psychiatric assistance, like _____

AND

I will take action to remove any means of causing harm.

By signing below, I _____ am agreeing to
(Client name)

Refuse to act on any impulses to cause harm for at least the duration of support services with my Resolution Today and Associates provider.

Client: _____ Date: _____

Provider/Witness: _____ Date: _____

Billing information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card

Visa Maser Card Amex Discover

Cardholder Name _____ Account Name _____

Exp. Date _____ / _____ CVV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transactions dates.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____

Healing & Renewal, LLC

CREDIT CARD / ACH PAYMENT AUTHORIZATION

Check One (1) and enter your details

 Recurring Charge – you authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at

I, _____, authorize _____ to charge my
(Full Name) (Merchant's Name)

Credit Card or Bank Account below for \$ _____ on the _____
of each _____. (Amount \$) (day)
(week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

 One (1) Time Charge – Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize _____ to charge my
(Full Name) (Merchant's Name)

Credit Card or Bank Account below for \$ _____ on the _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)