



F! All That Wellness Coaching Consent, Privacy, and Cancellation Policy

Client Name: _____ **Date of Birth:** _____

I voluntarily agree to undergo life coaching and understand that I may end at any time. I understand that my coach cannot guarantee results (e.g., develop, learn new skills, find personal success, achieve aims and manage life change and personal challenges. etc.) from life coaching services. However, there will be clearly stated reasons, goals, and objectives for continuing/discontinuing life coaching. I understand that there may be some risks in participating in life coaching services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged on a particular issue; or being inconvenienced due to costs/fees of coaching.

I am aware that I can discuss any unforeseen risks vs. benefits with my life coach at any time. Furthermore, I understand that this “Consent to Life Coaching and Privacy Practices form” is not intended to be “all inclusive” of aspects of my coaching. It is only intended to provide some useful information before deciding to engage with life coaching.

Late Cancellation/No Show Policy

Individual Non-membership Coaching Appointments: To honor both other clients' opportunities for appointments and the professional time protected by appointments, I agree to cancel any appointment I cannot attend within 24 hours advance notice, or I forfeit the amount paid for that appointment.

Membership Coaching Regular Appointments: I understand that canceled appointments can be rescheduled during the same month but will not result in a refund of a portion of the monthly membership fee.

Program Attendance: To allow for registration of others, I agree to cancel my program registration for a full refund no less than one week in advance of the program, and for 50% off up to 48 hours before the program begins. I understand that I forfeit the cost of the program if I cancel my registration within 48 hours of the first scheduled meeting for the program. If I miss any of the program meetings during the delivery of the program, I understand that there is no refund for a portion of the program.

Notice of Privacy Practices

F! All That Wellness Coaching is committed to the protection of your information as required by federal and state law. Contents of all coaching sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the life coach professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the life coach professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the life coach professional is required to report this information to the appropriate social service and/or legal authorities.

- **Prenatal Exposure to Controlled Substances:** Life Coach professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Please note: Under HIPAA laws and regulations, life coaching notes are not considered to be part of a client record or medical file. Life coaching notes are considered the property of the coach and are protected from normal release to the client or any other party.

By signing this form, I certify that I have read, fully understand, and agree to F! All That Wellness Coaching's Consent to Treatment and Privacy Practices. I have had an opportunity to ask questions about this information and I understand that a copy of this information is available upon request. Furthermore, if I have elected to complete the on-line questionnaire in place of the printed paperwork, I verify that the information that I provided is complete and accurate.

Signature of Client or Legal Guardian

Date