



Coaching Intake Packet

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Client Information Form

To assist us in providing services to you, please complete this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. **If certain questions do not apply, leave them blank.** Some of the information is required by our accrediting and licensing agencies. **If you need help completing this form, please do not hesitate to ask.** Thank you for your cooperation.

Today's Date: _____ Birth Date: _____ Social Security #: _____

Name: _____ Age: _____ Gender: M F Race/Ethnicity: _____

Email Address: _____

Mailing Address: _____

Physical Address: (if different) _____

County: _____ City: _____ State: _____ Zip: _____

Do you live in a House Apartment Mobile Home Other _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Email: _____

We may need to call you to remind you of an appointment or to change an appointment.

May we leave a message (*Please Circle*)? Yes No

What is the best number to leave a message and contact you? _____

What number may we reach you by text for appointment confirmations? _____

Annual Household Income: _____

Who currently lives in your household?

Name	Age	Relationship	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is/are the main reason for this visit? _____

Areas of your life you want coaching (Check all that apply):

- Life Coaching
- Career Coaching
- Relationship Coaching
- Other _____

OCCUPATIONAL

Current means of financial support (check all that apply):

Self Family Parents Spouse Children Retirement benefits Welfare Disability

Employment Status:

employed full-time part-time unemployed disabled retired student

Current employer: _____ Phone: _____

Your current Position: _____ Date Began: _____

RELATIONSHIP

Describe your relationship status (e.g. single, engaged, married, divorced): _____

YOUR CHILDREN

<u>Name</u>	<u>Male/Female</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who has custody of your children? _____

Are there custody issues or problems? Yes No If yes, please explain. _____

9. Is your life one of your choosing? If not, which parts are being chosen for you?
10. On a scale of 1-10, 10 being HIGHEST, provide a number that represents your current level/ degree of stress:

What are your primary stressors?

11. List 5 things that you are tolerating or putting up with in your life at present which you are dissatisfied with: (for example - information you can't find, rude people, poor lighting, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment)
12. What would you expect or like your coach to do if you get behind on your goals?
13. How will you know when you are receiving value (your money's worth) from the coaching process?
14. What types of approaches discourage you or take away your motivation?
15. How will you know I am the right coach for you?
16. How can your coach best support you in the coaching relationship?

17. Using each number ONLY ONCE, place the following in order of importance. Rank 1-10, 1 being MOST important. Then answer the question.
- Do you have a personal or professional vision? If so, what is it?
 - What would you like to contribute to the world?
 - What is a dream or goal you have given up on?
 - What part of yourself, if any, have you given up on?
18. On a scale of 1-10 (10 = High), rate the overall quality of your life today:
19. What would you LOVE to have, be or do, in/with your life that you don't have, aren't doing or being, now?
20. What is stopping you from having, doing or being who or what you desire?
21. How would you be different if you could have, do or be what you desire?
22. Is there anything you don't normally share with others that as your coach, you feel it is important for me to know?
23. Is there anything else you want me to know before our first session?
24. Are you prepared to commit time, money and energy to your coaching plans?



Patient Financial Policy

We are dedicated to providing the best possible care and services to you and regard your complete understanding of our financial policies as an essential element of your care. If you have questions, please discuss them with our front office staff. As our client, you are responsible for all authorizations/referrals needed to seek treatment in this office.

Unless other arrangements have been made in advance by you, payment for office services are due at the time of service. We will accept Visa, MasterCard, Discover, American Express, cash or check.

We request authorization to charge a major credit/debit card for this amount. We will attempt to contact you via email prior to debiting your card, and at that time you will have the option to submit payment in a different form if you so choose. If we do not hear back from you within 24 hours after attempted contact via email, we will charge the card we have on file for you. If we are unable to secure payment for the balance owed, you will have to settle the balance before a next appointment can be made.

All credit card/debit card information will remain confidential, encrypted and securely stored by Theranest. GlobeCoRe, Inc will not store any credit card account data. During each visit, we will either process the credit/debit card you wish to use for the particular visit via swipe or virtual terminal.

Past due account are subject to collection proceeding. All fees including, but not limited to collection fee, attorney fees and court fees shall become your responsibility in addition to the balance due to this office.

There is a service fee of \$35.00 for all returned checks.

I agree to the terms above and hereby authorize GlobeCore, Inc. I understand that I am responsible for the amount total of my bill. I hereby authorize the release of any and all medical information necessary to the treatment I will receive while under the care of the clinicians at GlobeCoRe. I authorize the release of medical information. A copy of this authorization shall be valid as the original. I hereby authorize GlobeCoRe, Inc. to charge any and all outstanding balances to my credit/debit card for this and other visits. I understand that I will not receive a statement if there is no balance due after processing my credit card payment. A copy of this authorization shall be valid as the original.

Phone number for notification of balance: _____

Email address for notification of balance: _____

Cardholder's Authorization Signature

Date

Cardholder's Printed Name

Client's name (if not self)

Print Client's Name (Clients parent/guardian in under 18)

Credit Card Authorization Form/ Payment Policy Addendum

1. Your session is due in full at the time of service.
2. All session will be 45-minutes from the scheduled appointment time unless you elect for and pay for a 60-minute session.
3. This payment policy is subject to change with changes.
4. **IMPORTANT:** You are personally responsible for payment of the full session fee for any scheduled appointment canceled less than 24-hours in advance or for which he/she does not appear as scheduled via telephoned or email(no text messages places). The current late cancel or missed session charge is \$155.00 and is subject to change. **NO EXCEPTIONS** will be made to this policy. All clients must present a current credit card and complete the attached Credit Card Approval form. Any changes to your credit card account (new credit card, new number, new expiration date, etc.) must be provided as soon as such changes occur. Visa, Discover, Master Card and American Express only.
5. This form must be returned to GlobeCoRe before any future sessions are scheduled.

I have read and understand the above payment policy. I understand that I am responsible for my payment in full, plus a transaction fee of 4%. I am responsible for payment in full of any scheduled sessions for which I do not appear for which I do not provide AT LEAST a 24-hour notice via telephone or email (no text messages please). I also understand that all sessions are limited to 45 minutes unless I elect for and pay for a 60-minute session. I understand that the credit/debit card account provided below will be charged my session amount if I am unable to provide payment at the completion of my session. I also understand that the full session fee (\$155) will be charged to this account if I do not abide by the cancellation policy described herein. I agree to provide updated credit card information should this information change or become invalid for any reasons. I authorize GlobeCoRe Inc. to charge the agreed amounts listed above to my credit card provided herein. I agree that I will pay for this service in accordance with the issuing bank cardholder agreement.

Cardholders Full

Name: _____
 Billing Street Address: _____ City: _____ State: _____ Zip: _____
 Credit Card Type: _____ Credit Card Number: _____
 Expiration Date (mm/yy): _____ Card Verification Value: (3 digits on the back of card): _____

Signature indicated that you agree to allow your coach to make charges on your card without you present

 Print Client's Name (Clients parent/guardian in under 18):

 Today's Date



CANCELLATION POLICY

Because we often have a waiting list of clients seeking appointments, we require at least 24-hour notice prior to canceling an appointment. **If you fail to cancel a scheduled appointment before 24 hours** of your scheduled appointment time, we cannot use this time for another client and your will be charged for the **entire cost of your missed appointment at a rate of \$155.**

A full session fee (\$155) is charged for missed appointments or cancellations with less than a 24-hour notice. We will charge your credit card on file if you do not show up for or cancel an appointment with less than 24-hour notice.

A full session fee (\$155) is charged for missed appointments or cancellations with less than a 24-hour notice. We will charge your credit card on file if you do not show up for or cancel an appointment with less than 24-hour notice.

Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

My signature below indicates that I have discussed this form with my coach and they have answered any questions that I have pertaining to this information.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date



CONFIDENTIALITY AGREEMENT

Content of all coaching sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party outside of/unattached to the practice without the written consent of the client or the client's legal guardian. Noted expectations are as follows:

Duty to Warn and Protect

When a client disclosed intention or a plan to harm another person, the coach 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 coach 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 the child (or vulnerable adult) it has recently abused child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the coach is required to report this information to the appropriate social services and/or legal authorities.

Prenatal Exposure to Controlled Substances

Coaches are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minor/Guardianship:

Parents or legal guardians of the non-emancipated minors' clients have the right to access the client's records.

Incapacity or Death of Coach in Group Practice

In the event of incapacity or death, client gives permission for another member of the practice to notify them. I agree to the above confidentiality agreement and understand its meaning and ramifications.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, coaching plan, description of impairment, progress of coaching, case notes, and summaries.

I agree to the above confidentiality agreement and understand its meaning and ramification.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

CONSENT TO COACHING

IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.

CLIENT/COACH RELATIONSHIP: You and your Coach have a professional relationship existing exclusively for treatment. This relationship functions most effectively when it remains strictly professional and involves only the coaching aspect. Your Coach can best serve your needs by focusing solely on coaching and avoiding any type of social or business relationship. Gifts are not appropriate, nor are any sort of trade of service for service.

AVAILABLE SERVICES: GlobeCoRe, Inc. offers a wide array of coaching services, including individual, family, couples, and group services. Effective coaching is founded on mutual understanding and good rapport between client and coach. It is our intent to convey the policies and procedures used in our practice and will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS: Coaching is beneficial, but as with any treatment, there are inherent risks. During coaching, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness; however the benefits of coaching can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal growth, personal relationships, career growth, purpose driven work, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course. However, it is my desire to work with you to attain your personal goals for coaching.

Coaching: Our coaches provide short and long-term coaching designed to address many of the issues and growth areas my clients are dealing with. Your first visit will be an assessment session in which you and your coach will determine your concerns/goals, and if you both agree that your coach can meet your coaching needs, develop a plan of treatment/growth. Should you choose not to follow the plan of treatment that is provided, further treatment may be terminated.

Our goal is to provide the most effective coaching experience available to you. If at any time you feel that you and your coach are not a good fit, please discuss this matter with your coach to determine if transferring to a more suitable Coach is right for you. If we decide that other services would be more appropriate, your coach will assist you in finding a provider to meet your needs. Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of one's physical, emotional, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

APPOINTMENTS: Appointments are typically scheduled on an as needed basis and are approximately 45-60 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate. Once your appointment is scheduled, you will be expected to pay for it (even if it is missed) unless you provide 24-hour advance notice of cancellation (See the Cancellation Policy at the end of this form).

FEE SCHEDULE:

Intake (1st visit)	\$205.00
Regular Office Visits (60 minutes)	\$170.00
Regular Office Visits (45 minutes)	\$155.00
Coaching Evaluation	\$205.00/hour
Outside Office Work (inpatient visits, court, law services, insurance companies, letters or phone calls to Attorneys concerning you or your children, etc.)	\$305.00/Hr.(Prorated)
Returned check fee per check	\$35.00

A reasonable fee will be charged for copies of any records requested by the Client.

COURT APPEARANCES/SUBPOENAS: Kelly M. Lewis, Ph.D. (GlobeCoRe, Inc.) **will not** voluntarily appear in court or provide written statements on behalf of any of her clients.

For coaching to be truly effective and beneficial to the client it must be preserved in an atmosphere of honesty, self-reflection, openness, and comfort for the client and coach. When there is a threat of court interaction (subpoenas and/or summons for separation, divorce, custody, legal actions, disability claims, etc.) this coaching is compromised. By signing this statement, you are waiving all rights to subpoena or to use Kelly M. Lewis, Ph.D. (GlobeCoRe, Inc.) or any GlobeCoRe, Inc. coach staff in any current and/or future court litigations or actions.

If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that client in order to defend ourselves.

In the event that Kelly M. Lewis, Ph.D. (GlobeCoRe, Inc.) does become involved in legal proceedings involving a client or clients, an initial payment of \$3000 is expected at the beginning of any related services. There will be an additional charge of \$300 per hour for any work pertaining to court litigations/actions (paperwork, phone calls, appearances, etc.). This payment will be billed to the client and is expected to be paid on a weekly basis; any statements left unpaid will automatically forfeit further interaction and will be sent to collections.

EMERGENCIES: You may encounter a personal emergency that will require prompt attention. In this event, please contact our GlobeCoRe office regarding the nature and urgency of the circumstances. We will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, we will make every effort to respond to your emergency in a timely manner. If your emergency arises after hours or on a weekend, our number will be given on my voice mail system. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.

CONFIDENTIALITY: As Coaches (in training), we will follow all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your coaching. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a coach and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions child custody cases; suits in which the health of a party is in issue; situations where the coach has a duty to disclose, or where, in the coach's judgment,

it is necessary to warn or disclose; fee disputes between the Coach and the client; a negligence suit brought by the client against the Coach; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the Coach when you and the Coach discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned Coach to share confidential information with all persons mandated by law and with the agency that referred you, and you are also releasing and holding harmless the undersigned Coach from any departure from your right of confidentiality that may result.

DUTY TO WARN/DUTY TO PROTECT: If my Coach believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Coach to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Coach to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name

Telephone Number

TECHNOLOGY STATEMENT: In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your coach remains professional. Therefore, we have developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with the GlobeCoRe office manager or your coach. **However, please know that it is our policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any coaching content via text or email to prevent compromising your confidentiality. **You also need to know that we are required to keep a copy of all emails and texts as part of the client's clinical record.**

Facebook, LinkedIn, Instagram, Pinterest, Etc: It is our policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. Our coaches and GlobeCoRe, Inc. have a professional/business Facebook page, a Twitter account and are on LinkedIn, etc. You are welcome to follow us on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to your coach or to GlobeCoRe. If you would like to follow us on any of these media, you might want to consider using an alias to keep your connection with us confidential, but that is entirely your decision.

Google, etc.: It is our policy not to search for our clients or collateral participants on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with us for coaching reasons, please print this material out and bring it to your session.

Twitter & Blogs: We may post news on Twitter or write an entry on a blog. If you have an interest in following either of these, please let us know so that we may discuss any potential implications to our relationship. Once again, maintaining your confidentiality is a priority. We would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to our content.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication.

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Coach, it will be necessary to assign my case to another Coach and for that Coach to have possession of my coaching records. By my signature on this form, I hereby consent to another coach, selected by the undersigned Coach, to take possession of my records and provide me copies at my request, and/or to deliver those records to another coach of my choosing.

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive assessment, treatment, coaching and services for me (or my child if said child is the client), and I understand that I may stop such treatment/coaching or services at any time.

NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's treatment, Dr. Lewis (GlobeCoRe) will not render services to your child until she has received and reviewed a copy of the most recent applicable court order.

My signature below shows that I understand and agree with all of the statements above and on the preceding pages.

Signature – Client/Parent _____ Date _____

Signature – Spouse/Partner/Parent _____ Date _____

Coach _____ Date _____

I authorize the payment of medical benefits to the provider of services.

Client/Parent _____ Date _____

Cancellation Policy

Because there is often a waiting list of clients seeking appointments, at least a 24 hour notice must be given prior to cancelling an appointment. When an appointment slot cannot be filled, it costs the coach from \$155. ***You will be charged the full session fee and your signature below shows your agreement to pay the full session fee for missing an appointment or cancelling with less than 24 hours notice.***

Signature – Client/Spouse/Parent _____ Date _____



Informed Consent for TeleCoaching

I hereby consent to TeleCoaching with GlobeCoRe, Inc staff. I understand that TeleCoaching services include the practice of coaching using interactive audio, video, or data communications. I understand that I have the following rights with regards to TeleCoaching:

1. I have the right to withhold or withdraw consent at any time without my right to future care of treatment nor do I risk the loss or withdrawal of any treatment benefits to which I am entitled.
2. The laws that protect the confidentiality of medical information also apply to TeleCoaching. As such, I understand that the information discussed during coaching is confidential, with certain exceptions. Exceptions include, but are not limited to abuse of a child, the elderly, dependent adults, express threats of violence towards a specific person, and when the coach's mental or emotional state may become an issue in a legal proceeding.
3. I understand that the dissemination of any personally identifiable information or images from TeleCoaching interaction to any other party shall not occur without my written consent.
4. I understand, as with other forms of coaching, there are possible risks and consequences from TeleCoaching/communicating by electronic communication and that GlobeCoRe Inc cannot guarantee the security and confidentiality of electronic communication. These risks include, but are not limited to, that despite reasonable efforts on the part of the coaching, the transmission of medical information could be disrupted or distorted by technical failures, the transmission of my medical information could be interrupted by unauthorized persons, and/or the electronic storage of my medical information could be accessed by unauthorized persons
5. I understand that if my coach feels that I would be better served by another form of coaching, I will be referred to a coach who can provide such services in my area.
6. I understand that I may benefit from TeleCoaching, but that results cannot be guaranteed or assured
7. I understand that I am prohibited from recording my TeleCoach sessions without prior consent of my coach. I have read and understand the information provided above.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for electronic communications to and from GlobeCoRe, Inc via email and/or text message. My printed name below shows that I understand and agree with all of the statements above.

Client Printed Name

Client/ Parent or Guardian Signature

Date: