

VIRTUE MEDICINE P.C.

Clinics for Mind-Body Health



Studio for Ethics & Contemplative Arts

Coaching Client Agreement *(Please initial each information block)*

Privacy and Confidentiality:

___ I have had an opportunity to review the privacy and confidentiality policies used by all practitioners, including coaches, at Virtue Medicine, available at both the office site and at the business website.

___ I understand that my coaching information will be held in strictest confidence and will not be released without my written permission with the following exceptions: 1) a life-threatening medical emergency or public safety risk, and then only to persons to help reduce or prevent the threat, 2) when required to do so by law or by legal proceedings.

___ I understand that a process of shared or aligned goal-setting with outside parties (e.g. corporate/institutional sponsor, health care providers, life partners) may be part of some coaching relationships, but that the personal content of coaching sessions between me and my coach is always confidential.

Coaching Relationship:

___ A coaching relationship provides a safe and confidential setting to create awareness, clarify values, identify well-formed goals, design personalized action plans, and manage progress and accountability.

___ A professional coaching relationship is a specific type of care which focuses on equitable partnering with clients towards their personal and professional growth through a facilitated process. **Coaching is not, and will not include medical care or psychotherapy.** Coaching clients who are seeking health care at Virtue Medicine must be accepted as a patient and abide by the distinctive agreements, policies, and appointments applicable to the health care clinics. Coaches may make recommendations for referrals, when client needs are beyond the scope and ethical boundaries of the coaching profession.

___ Coaching might include information-sharing by coaches from their areas of professional expertise (e.g. ethics, communication, time management, mindfulness). This is a specific type of coaching called Consultative Coaching, and is available and integrated into the coaching work if client and coach agree that it would facilitate coaching goals.

___ Virtue Medicine Professional Coaching—Client Rights:

- *To be treated with respect in individual perceptions, values, learning styles and personal being.*
- *To have a safe treatment setting, free from discrimination, abuse, or unethical conduct.*
- *To experience a process of effective communication, for mutual trust, respect, and collaboration.*
- *To request information about my coach's coaching qualifications, including licensing, education, training, experience, professional membership, and expertise in consultation coaching.*
- *To receive information about fees, method of payment, team-based services and cross-covering coaches (in cases of vacation and emergencies), appointment and cancellation policies.*

___ I agree that coaching care with Virtue Medicine is voluntary and can be discontinued at any time. Virtue Medicine also has the right to discontinue coaching services immediately if the coaches judge that a coaching relationship cannot be appropriately maintained or if the office spaces are being disrupted by my conduct.

___ I understand that if my enrollment in the coaching program has lapsed by more than 3 months, requests for follow-up will be scheduled only as Virtue Medicine is able to accommodate re-enrollment in the coaching program.

Appointments and Cancellations:

___ *Appointments are a valuable resource.* Cancellation must occur through phone notification to the Virtue Medicine reception desk (338-5190) at least 24 hours in advance. If I miss an appointment without the 24 hour cancellation, I understand that I will be billed for the full amount of the scheduled visit by mail or at the next office visit and that this charge is not reimbursable.

Payment:

___ I understand that this office is a fee-for-service practice and payments for service are due in full at the time of the appointment. If phone/email consultations or paperwork are requested other than during scheduled appointments, time spent in service will be billed to me by mail or at a subsequent office visit in accordance with the coach's fee schedule.

Telephone/Email Contacts and Emergencies:

___ I understand that my private email is not a secure form of communication and that email is not necessary to my coaching plan at Virtue Medicine. If I initiate an email, I understand that I am authorizing my coaches to use this mode of communication even if it includes private/confidential information. I accept the liabilities entailed with email, if used. If I do not wish to accept the liabilities of email, I will not use that mode of communication with my coaches.

___ I understand that if I leave a message by phone/email for a specific coach, I may expect a return message within 48 hours of the coach's clinic hours, which are posted. Messages left for Virtue Medicine Reception will be returned within one business day, Monday through Friday.

___ I understand that Virtue Medicine Professional Coaching is a consulting practice and access to Virtue Medicine coaches outside of business hours is not available. I understand that I am responsible for utilizing my own emergency systems when needed. I understand that urgent assistance for safety or health care issues can be found at: 911, the nearest emergency room, or the Johnson County Crisis Line at 319-351-0140 or online at <http://jccrisiscenter.org/>.

My signature below demonstrates that I have read, understand and agree to abide by the terms of this agreement for the duration of my care with my coaching team at Virtue Medicine.

Client Signature

Date

