



## INFORMATION FOR CLIENTS

***The following is provided for your information. Please read the information & sign the last page after any of your questions have been answered. You may discuss any questions with the office staff or your provider.***

### **Provider & Credentials**

**Angela Livingston, M.A. – Professional Life & Parenting Coach**

Angela graduated from Argosy University with a Master of Arts degree in clinical psychology in 2007. Prior to earning her Master's degree, Angela attended the University of Texas Southwestern Medical Center School of Allied Health where she earned a Bachelor of Science in Rehabilitation Counseling. I have spent much of my professional career teaching social skills, anger management, communication skills, time management, and parenting skills in both individual and group settings. I currently specialize in Life Coaching, Career Coaching, and Parent Coaching. I have worked in various clinical and private settings throughout the metroplex for the last 10 years and as a Professional Life Coach for the last year. I am a current member of the International Coaching Federation.

As an ICF Professional Coach, I acknowledge and agree to honor my ethical and legal obligations to my coaching clients, colleagues, and to the public at large. I pledge to comply with the ICF Code of Ethics, and to practice these standards with those whom I coach.

### **What is Coaching?**

Coaching can be for an individual, family, couple, or group. It focuses on developing ways to address your particular concerns about your life. Coaching is an interactive process that can help you improve; specific skills or teach you new ones, identify and set goals, manage your time more productivity, and improve over all functioning in multiple aspects of your life. In the first session your needs and goals will be identified, as well as the appropriateness of your presenting problems for the coaching process. As a coach, I will not delve into past pains or any trauma you may have previously experienced. We will only explore what is holding you back in the *here-and-now*. Coaching is built on the basis of what *you* can do *today* to enrich your life tomorrow. It facilitates a mentally healthy, stable, and motivated individual or family in attaining a more enriching and gratifying life.

***Please note: Coaching of any type is not psychotherapy or a substitute for the treatment of any mental illness.***

By the end of your first or second session, the provider will tell you how he or she sees your case at this point and how he or she thinks your sessions should proceed. If your coach cannot provide the appropriate service to address your needs, you may be referred to other sources of treatment. Enrichment Coaching & Assessment has two psychologists on staff, Dr. Marilyn Powell-Kissinger - Licensed Psychologist and Dr. Michael Morris – Provisionally Licensed Psychologist Supervised by Marilyn Powell-Kissinger, Ph.D. If I determined that you would possibly be more appropriate for counseling, I will consult with Dr. Powell-Kissinger and/or Dr. Morris.

**Please initial if I have your permission to consult with them \_\_\_\_\_.**

While your provider will ask about many areas of your life, the focus of the coaching process will be on working toward your specific goals. To get the most out of coaching, you need to take an active role. This involves discussing your concerns openly, completing any assignments, and providing feedback to your coach about the progress being made.

If there is current or prior involvement with any other professional (doctor, therapist, school counselor, teacher, probation officer, etc.), you may be asked to provide relevant information in order to assure your appropriateness for the coaching process.

If you were referred by a family member, friend, or other source you may be asked for a **release of information** that allows your coach to contact and thank your referral source. You may also be asked to complete a questionnaire during the course of your coaching process. This will help us to provide you the best possible care and improve our services.

Your provider would like to thank the person who referred you. Please initial if we have permission to contact them \_\_\_\_\_. Please provide their contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Commitment to the Coaching Process**

Duration of the coaching process depends on the extent of your concerns, your desired goals, and your level of active involvement in the coaching process. If you wish to stop the process at any time, we ask that you agree now to meet with your provider for at least one session to review your work together. A necessary element of the coaching process is the client's commitment to attend sessions **regularly**. You may stop the process at any time, but the coach needs to be informed **before** your last session.

### **About Confidentiality**

Your provider will treat with great care all the information you share with him or her. It is your legal right that your sessions and the provider's records about you be kept private. You will be asked to sign a "release-of-records" form before your provider can talk about you or send records about you to anyone else. In all but a few rare situations, your confidentiality is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

- 1) You have given written authorization to release information.
- 2) A court order for records
- 3) Your coach has reason to believe that there is a serious risk of imminent danger to yourself or to someone else.
- 4) Your coach has reason to believe or suspect that a child, disabled person, or elderly person has been or may be being abused or neglected.
- 5) In the case of minors, the parent or legal guardian has a right to receive information about the coaching their minor child is receiving, and non-custodial parents or others may have rights to information in accordance with court orders.
- 6) Communications with any third-party payors necessary for payment of fees or as may be necessary to collect an outstanding balance on your account.

If your provider must discontinue the coaching process because of illness, disability, or other presently unforeseen circumstances, he or she asks you to agree to the transfer of your records to another professional who will assure the records confidentiality, preservation, and appropriate access. You can review your own records at any time. You may add to them or correct them, and you can have copies of them. Except for the situations described above, your provider will always maintain your privacy.

### **About Our Appointments**

If receiving coaching, the very first time you meet with your provider, you will need to give, and you will receive much basic information. For this reason, the coaching intake session is typically scheduled for at least 60 minutes. When you arrive at the office, you will be asked to spend around 15 minutes completing paperwork. I ask that you commit to meeting weekly or biweekly for 50 minutes per session. You may establish a different frequency of sessions in collaboration with your provider based on your individual needs.

An appointment is a commitment to work with your provider. Please agree to be on time. If your provider is ever unable to start on time, we ask your understanding. We also assure you that you will receive the full time agreed to. A cancelled appointment delays our work. If you must cancel, please give your provider at least 24 hours notice. If you cancel a session with less than 24 hours notice, then you will be charged for the missed session.

### **Contacting your Coach**

Your coach is not available 24 hours a day. You can always leave a message at 972-788-9201 Ext 103, and your coach will return your call as soon as possible.

### **If I Need to Contact Someone about You**

If there is an emergency during your work at Enrichment Coaching and Assessment, or your provider becomes concerned about your personal safety, he or she is required by law and by the rules of his or her profession to contact someone close to you—perhaps a relative, spouse, or close friend. Your provider is also required to contact the authorities if he or she becomes concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### **Statement of Principles and Complaint Procedures**

It is the intention of your provider to fully abide by all the rules of the International Coaching Federation (ICF). If you are not satisfied with any area of your coaching process, please raise your concerns with your provider at once. He or she will make every effort to hear any complaints you have and to seek solutions to them. If you feel that your provider has treated you unfairly or has even broken a professional rule, please tell your provider. In the event you do not feel your provider has adequately addressed your concerns, you may also contact the ICF at this web address: [www.coachfederation.org](http://www.coachfederation.org)

### **Fees/Agreement to Pay for Professional Services**

For an initial coaching intake session as well as for ongoing coaching, I agree to pay \$\_\_\_\_\_ per session. Your regular fee will be charged for any additional professional services rendered at your request, such as phone contacts over 5 minutes, consults with other professionals, etc. Preparation of special forms, reports, court time, etc. will be billed at double your hourly rate for ongoing psychotherapy.

Any additional professional services, such as appearing in court or consulting with other professionals, will be billed at \$300 per hour.

I agree that this financial relationship with this provider will continue as long as he or she provides services or until I inform him or her, in person or by certified mail that I wish to end it. I agree to pay for services provided to me (or this client) up until the time there is no longer a coaching relationship.

**Acknowledgment/Consent for Coaching**

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the provider, before I start formal coaching. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the coaching process I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after the coaching process begins I have the right to withdraw my consent to participate at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending the coaching relationship with you.

I understand that no specific promises have been made to me by this provider about the results of the coaching process, the effectiveness of the procedures used by this provider, or the number of sessions necessary to complete the coaching process.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I agree to the above fee, and I understand I am not liable for any fee for service if a third party acting on my behalf. I hereby agree to enter into the coaching process with this provider (or to have the minor child enter the coaching process), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of provider

\_\_\_\_\_  
Date