



Dr. Renée Miller

TRANSFORMATIONAL COACH

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TRANSFORMATIONAL COACHING SERVICES CONTRACT

This document contains important information about my Transformational Coaching services and business policies. Please read it carefully and note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

TRANSFORMATIONAL COACHING SERVICES

Transformational Coaching is a partnership (defined as an alliance, not a legal business partnership) between Transformational Coach and 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. Transformational Coaching is different from other types of Life Coaching in that it seeks to explore limiting beliefs held at the subconscious level.

The parties agree to engage in a Coaching Program through telephone, email, text, and/or in person meetings. Transformational Coach will be available to Client by e-mail, text, and voicemail in between scheduled meetings, as defined by Transformational Coach, and may also be available for additional time, per Client's request on a prorated basis rate (for example, reviewing documents, reading or writing reports, engaging in other Client related services outside of Coaching sessions).

Initial _____

CLIENT RESPONSIBILITY

Client is solely responsible for creating and implementing his or her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of, or from, the coaching relationship, coaching calls, and interactions with Transformational Coach. As such, Client agrees that Transformational Coach is not, and will not be, liable or responsible for any actions or inaction of Client, or for any direct or indirect result of any services provided by Transformational Coach.

Client acknowledges that Transformational Coaching does not involve the diagnosis or treatment of mental illness disorders as defined by the American Psychiatric Association and that Transformational 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 licensed 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 inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and Transformational Coach.

While I have training and extensive experience in Human Development and Psychology, with a Doctorate in Psychology, I will not be providing diagnoses or diagnostic impressions. I am able to provide information about psychological issues and can answer questions you may have regarding such, however, it will only be for informational purposes. If you are needing a mental illness diagnosis or diagnostic impression, you will need to seek that from a licensed mental health professional.

If I believe that a referral to a licensed mental health professional would be beneficial in resolving psychological or emotional issues that are interfering with the coaching work we are doing, I may suggest this as an option. I can provide information about how to select a licensed professional that would be most appropriate to your situation and can offer suggestions for questions to ask that would assist in your search. Ultimately, you are solely responsible for selecting to whom you would feel most comfortable entrusting your mental health.

Client acknowledges that Transformational Coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. Client understands and agrees that deciding how to handle these issues, incorporating Transformational Coaching principles into those areas and implementing choices, is exclusively Client's responsibility. Client understands that in order to enhance the Transformational Coaching relationship, Client agrees to communicate honestly, be open to feedback, and to create the time and energy to participate fully in their Transformational Coaching program.

Client further acknowledges that the coaching relationship may be terminated or discontinued at any time.

Initial _____

BENEFITS and RISKS

This section includes a discussion about the benefits and risks of Transformational Coaching.

The ***benefits*** may include major shifts in the Life Strategies you currently engage in that may lead to reduced stress and anxiety, a decrease in negative thoughts and self-defeating behaviors, improved relationships, increased comfort in social, school and/or family settings, increased self-confidence, increased and improved work performance, and a more hopeful attitude towards life.

The ***risks*** may include discomfort as we explore patterns, themes, ineffective life strategies, and discrepancies that may be contributing to why you may be feeling stuck or ineffective in your relationships, career, perspective, or life in general. As your Transformational Coach, I will challenge your assumptions or perceptions and will offer a different perspective. I will encourage you to explore where self-limiting beliefs may have first developed, in order to shift those beliefs to be more helpful in moving you forward in life.

Shifts in your perspective, thoughts, or feelings may have unintended outcomes, including shifts in personal relationships. During the course of our work together, it is often the case that you may feel worse before you feel better; this is natural and expected in any transformational work.

Transformational growth is sometimes difficult and slow, and sometimes easy and swift. When we sign this agreement together, I commit to coaching you through the entire process of transformation and shifting ineffective life strategies. This will mean encouraging and challenging you to find the answers within to achieve the goals you initially state. Please understand that other areas needing attention may arise during the course of our work together that may require further exploration. If this happens, we will work together to revise the goals as appropriate and work towards a satisfactory solution of your problems.

There is no guarantee that transformational coaching will yield any or all of the benefits listed above. Neither is there any certainty that the risks listed above will be encountered during the course of our work together. Transformational Coaching is an open and dynamic process, and its course is dependent upon our mutual willingness to collaboratively continue the process and, to a certain extent, upon life events that cannot be foreseen.

Initial _____

CONFIDENTIALITY

The Coach-Client relationship is not considered a legally confidential relationship (which is different in medical, mental health, and legal professions) and thus communications are not subject to the protection of any legally recognized privilege. However, as your Transformational Coach, I will not to disclose any information pertaining to our work without your written consent. I will not disclose your name as a reference without your 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; and (g) involves illegal activity. The Client also acknowledges his or her continuing obligation to raise any confidentiality questions or concerns with the Coach in a timely manner.

Initial _____

APPOINTMENTS AND CANCELLATIONS

If you are unable to keep your scheduled appointment, I ask that you provide at least 48 hours notice. Once an appointment hour is set, this time is set aside for you, and thus, you will be expected to pay the full session fee, or have a prepaid session deducted from those on account, unless you provide a 48-hour advance notice of cancellation.

Initial _____

FEE SCHEDULE

My fee schedule is as follows:

50-minute phone session: \$175

120-minute phone session: \$350

Session fee for eight (8) 50-minute sessions paid in advance: \$1200
*Must be used within 12 weeks)

Session fee for twelve (12) 50-minute sessions paid in advance: \$1600
*Must be used within 16 weeks)

Initial _____

BILLING AND PAYMENTS

Payment is due at the time of each coaching session unless you have prepaid for sessions. I utilize an online billing system that allows me to accept **Visa/Mastercard/Discover/AMEX** Cards. A Payment Processing Information and Authorization form is included with this orientation packet along with an explanation of how your payments will be handled. Please complete this form and include it with this contract.

Initial _____

COACHING CALL PROCEDURE

The time of the coaching calls will be determined by Coach and Client based on a mutually agreed upon time. The Client will initiate all scheduled calls and will call the Coach at the following number for all scheduled meetings 714-296-8052.

Initial _____

RECORDING OF COACHING PHONE SESSIONS

I will record our coaching calls so that you may refer back to what we discussed in between coaching sessions. I will forward a link to the recording within 24 hours of our coaching call and then will delete it once you indicate you have received the file. Please indicate below, your preference regarding recording of phone sessions.

I would like to have my coaching calls recorded: Initial _____

I do not wish to have my coaching calls recorded: Initial _____

LIMITED LIABILITY

Except as expressly provided in this Agreement, the Coach makes no 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.

Initial _____

ENTIRE AGREEMENT

This document reflects the entire agreement between the Coach and the 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 the Client.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our coaching relationship.

Client Signature

Date

PAYMENT PROCESSING INFORMATION and AUTHORIZATION

Please complete the following information. Coaching session fees will be deducted from the account designated on this form and will be noted as a **“Renee Miller, PsyD, Transformational Coach”** transaction on your bank statement. Forms of payment accepted: Visa, MasterCard, Discover, American Express.

CLIENT INFORMATION:

Client Name: _____ DOB: _____

Responsible Billing Party Name (as shown on Credit Card/Account):

Billing Address (as registered with Credit Card Company/Bank):

Mobile Number: _____ Home Phone Number: _____

Email: _____

FORM OF PAYMENT:

Check One: Credit/Debit Card: ___ Cash ___ Check: ___ Coaching Session Fee: _____

ACCOUNT INFORMATION: Card Type (Visa, MasterCard, Discover, AMEX): _____

Card#: _____ Expiration Date: _____

Three Digit Card Code (Located on Back of Card, or four digit code on front of AMEX): _____

Client Signature

Date

What would happen if you choose to do nothing at this time in your life?

What is your level of commitment to your Transformation work?

Patterns:

Themes:

Strategies:

Effective:

Ineffective:

Discrepancies:

Shifts Needed/Desired:

OTHER COMMENTS:

