



**ASHBURN PSYCHOLOGICAL
& PSYCHIATRIC SERVICES**
CHILDREN • ADOLESCENTS • ADULTS • FAMILIES

INFORMED CONSENT FOR SUCCESS AND WELLNESS COACHING SERVICES

CLIENT INFORMATION

Full Name:

Contact Number:

Email Address:

Date of Birth:

Emergency Contact (Name and Phone Number):

AGREEMENT

I, the undersigned, voluntarily consent to receive coaching services from Ronald Robinson (hereafter referred to as the "Success Coach"), a Success Coach at Ashburn Psychological and Psychiatric Services. I understand that the services provided will be in the nature of coaching, which is not to be confused with psychiatry (i.e. medication management), psychotherapy or counseling.

As such, I am aware that the coaching services provided by the Success Coach do not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association or the American Psychological Association and are not to be used as a substitute for formal mental health care, assessment, and/or treatment.

I understand that it is my responsibility to consult with a licensed psychiatrist, psychologist, or other health care provider for formal mental health care treatment if needed.

SCOPE OF SERVICES

The Success Coach will work with me to help clarify my goals and devise action plans to achieve these goals. The coaching sessions will primarily involve accountability, brainstorming, discussions, providing positive support and feedback, and setting success assignments.

CONFIDENTIALITY

I understand that all discussions during the coaching sessions are confidential unless I explicitly authorize the release of certain information. Exceptions to confidentiality include when there is a risk of imminent harm to myself or another person, or as otherwise required by law.

FINANCIAL AGREEMENT

I understand the fee structure and agree to the terms. I understand that appointments missed or not canceled within 48 hours will be billed to me at the full session rate.

ACKNOWLEDGEMENT

I understand that the success coach is not able to access my records or any information about me or my children without my explicit written and verbal authorization and consent.

By signing below, I acknowledge that I have read and understood the terms of this agreement, that any questions I had about this agreement were answered to my satisfaction, and that I was provided with a copy of this agreement.

Client's Signature:

Date:

PARENT/GUARDIAN CONSENT

(for clients under the age of 18)

I,

(insert name of parent/guardian)

as the parent/legal guardian of

(insert name of minor client)

have read and understood the above agreement and give my consent for my child to receive coaching services from the Success Coach.

Parent/Guardian's Signature:

Date:
