



Application for Life Coaching

Contact Information

Today's Date _____

Name _____

Phone _____ Date of Birth _____

Preferred Email _____

Street Address _____

City & Zip Code _____

Marital Status (*Circle One*) Married – How Long? _____ Spouse's Name _____

Divorced Names & Ages of Children (If Applicable): _____

Separated _____

Single _____

Widowed _____

Emergency Contact (*Name/Phone*) _____

Occupation _____

Schedule of Availability

Circle All That Apply

Weekdays: Mornings 12pm-5pm after 5pm Exceptions/Notes: _____

Saturdays: Mornings 12pm-5pm after 5pm _____

Sundays: Mornings 12pm-5pm after 5pm _____

Specific Issues & Goals

1. Who referred you to this program? _____

2. Why do you want coaching? _____

3. How long have you had the need for coaching? _____

4. What is your specific goal? _____

5. What things cause you stress at this time? _____

My top two or three stressors are: _____

Rate on a Scale of 1-10 (circle one)

1 = low stress 10 = high stress

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

Personal History

1. Have you ever had coaching or any type of counseling before? If so, please explain.

2. Are you taking any medications now? If so, please list the medication, dosage, and its purpose.

3. In the space below, please write a brief life story. Make sure to include any things that made life complicated as you grew up. (Use extra paper if needed.)

4. How important is spirituality for you? Please describe what spirituality means to you. (Use extra paper if needed.)

5. What are the most important things in your life right now?

6. Please circle the following questions either yes or no.

- | | | |
|--|-----|----|
| <i>Do you ever lose track of large chunks of time where you have no idea what you are doing?</i> | Yes | No |
| <i>Do people react strangely to you?</i> | Yes | No |
| <i>Do you often feel so much energy that you can't sleep at night?</i> | Yes | No |
| <i>Do your moods fluctuate wildly?</i> | Yes | No |

Signatures Required – Please read the information below and sign and date.

If you have any questions, feel free to ask your coach.

She is Dignified Coaches are not licensed counselors or licensed professionals: Coaching services are for those who are not in crisis and need a place for feedback and support. For those in crisis, they will be referred to counseling services to get the most appropriate ministry they need. The She is Dignified Coaches have been trained at a Life Coach training program. They also come with their own personal experiences that will be helpful to you. *Please sign below that you understand She is Dignified Coaches are not professional counselors.*

Signature _____ Date _____

Supervision and Confidentiality: To meet our objective of providing the highest level of care possible, all She is Dignified Coaches are required to be in group conversation directed by a leader. All information you give will stay strictly confidential unless otherwise mandated by law. Exceptions to confidentiality include if you are suicidal; homicidal; where we might suspect harm to a child or elder' or if you have information about a crime. *Please sign below that you understand the above exceptions to confidentiality.*

Signature _____ Date _____

Cancelation of Appointments: Your coach's time is valuable. They are here to serve you. We would appreciate that you would give your coach 24 hours' notice if you need to cancel an appointment. If it is an emergency, we will understand one time. If you cancel without 24 hours' notice beyond one time, this may lead to a termination of services. *Please sign below that you understand our cancelation policy.*

Signature _____ Date _____

Notice of Privacy/Confidentiality Practices

- I. **I HAVE A DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)** which includes information that can be used to identify you by what you have shared or notes I have written about you. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use of the disclosure is made. I am required to follow the privacy practice described in this notice.
- II. **HOW I MAY USE AND DISCLOSE YOUR PHI:** Listed below are the different categories of my use along with some examples

The following disclosures do not require your consent.

(When possible or allowed by law, I will make reasonable attempts to inform you of any use or disclosure. If reasonable, I will attempt to notify you in advance.)

- a. **When disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, I may disclose when a law requires me to report information to government agencies/law enforcement about victims of abuse or neglect (i.e., someone under the age of 18, age 65 or over, and “dependent” status), or when ordered in a judicial or administrative proceeding.
- b. **For public health activities.** For example, I may have to provide information about you to the county coroner.
- c. **For health oversight activities.** For example, I may have to provide information to assist the government when it conducts an investigation of a health care provider.
- d. **To avoid harm to yourself and others.** In certain circumstances, I must protect you or others.
- e. **Therapeutic criminal involvement.** This includes any information that would assist in detection or apprehension after the commission of a crime or tort.
- f. **For specific government functions.** This might include military personnel and veterans in certain situations, or national security situations.
- g. **Appointment reminders and health related benefits or services.** This may include appointment reminders or to give you information about treatment alternatives.
- h. **For health care operations.** This might include for an evaluation of the quality of health care services.
- i. **In the case of an emergency.** Your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me and I think that you would have consented to such treatment if you were able to do so.
- j. **For supervision purposes.** I am required to be under supervisions by the pastoral leadership at EFree Church Diamond Bar and She is Dignified.

The following are uses and disclosures that you have a right to object to (please notify me if so)

- k. **For treatment.** For example, I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with related health care services or who are involved in your case. Also, this can include health care providers you have indicated are involved in your treatment, care, or payment for services provided. The opportunity to consent may be obtained retroactively in emergency situations.

In any other situation not listed above, I will ask for your written authorization before using or disclosing any of your PHI. You can revoke past authorizations at any time.



Notice of Privacy/Confidentiality Practices Continued

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

- a. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it if I am required by law otherwise.
- b. **The right to choose where and how I send PHI to you.** You may request that I send information to you at an alternate address or by alternate means. I will attempt to use any reasonable means to honor your request. It is your right to get this notice by email, or a paper copy.
- c. **The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI but you must make the request in writing. If you don't have your PHI but I know who does, I will tell you how to get it. I will respond to your request within 30 days of receiving your written request. If I cannot give you copies, I will explain what I can give you and what form of your PHI I can give you. It may be a summary of the PHI. If you request copies, I will charge you not more than .25 per page plus service and mailing charges.
- d. **The right to get a list of disclosures I have made.** Some disclosures I may not be able to give you. For example, when I am forbidden by law, such as national security operations. I will respond to your written request within 60 days of receiving your request.
- e. **The right to correct or update your PHI.** If so, please request in writing and I will respond within 60 days. Please note that I may deny your request if the PHI is
 - i. Correct and complete
 - ii. Not created by me
 - iii. Not allowed to be disclosed, or
 - iv. Not part of my records

I will respond with the reasons for the denial and explain your right to file a written statement of disagreement with my denial. If you do not file one, you have the right to request that your request any my denial be attached to all future disclosures of your PHI.

- IV. **HOW TO COPMLAIN ABOUT MY PRIVACY PRACTICES.** If you think that I may have violated your privacy rights, or you disagree with a decision I make about access to your PHI, you are always invited to contact me at _____, and/or you can contact my supervisor, Stacey Monaco, at EFree Church Diamond Bar at staceym@efreedb.org.

EFFECTIVE DATE OF THIS NOTICE 3/13/2018

I / We, the undersigned, have read, fully understand, and agree to abide with the information about these privacy policies. Also, this acknowledges that we have received a copy of both pages of this notice.

Client Signature _____ Date _____

Client Signature _____ Date _____

Coach Signature _____ Date _____



She is Dignified Coaching Agreement

About She is Dignified Coaching in General...

Coaching is an ongoing relationship between a coach and a person who desires coaching. We agree that:

1. Coaching is not therapy, counseling, advice-giving, or mental health care. The coach is *not functioning as a licensed mental health professional*, and coaching is not intended as a replacement for counseling, psychiatric interventions, professional medical advice, financial assistance, legal counsel, or other professional services. *If you are seeking such professional services, let your coach know now and they can give you appropriate referrals.*
2. Coaching is for people who are basically well-adjusted, emotionally healthy, not in a present crisis, functioning effectively, and wanting to make changes in their lives.
3. Coaching is designed to address issues the person being coached would like to consider. These could include (but are not limited to) career development, relationship enhancement, spiritual growth, lifestyle management, life balance, decision-making, and achieving short-term or long-term goals. It can involve brainstorming, value clarification, education, goal setting, identifying plans of action, accountability, making requests, agreements to change behavior, examining present lifestyles, and exploring.
4. Coaching will be a relationship that may take a number of meetings *up to 10 appointments*. Some or all of the coaching may be through face-to-face contact individually *or* in groups of two or three. This may include telephone meetings.
5. Coaching is most effective when both parties are honest and straightforward in their communication.
6. Coaching is a confidential relationship and the coach agrees to keep all information strictly confidential, except in those situations where such confidentiality would violate the law (see exceptions to confidentiality form), and for supervision purposes.
7. Coaching assumes that each person in the relationship is guided by his or her values and beliefs. The Christian coach is a committed follower of Jesus Christ and seeks to live in accordance with this commitment. The Christian coach is honest in making this revelation, but he or she respects where your values and beliefs are at any time. The Christian coach does not seek to impose his or her values on another, condemn, or refuse coaching services to people who do not share similar values and beliefs.

About Your She is Dignified Coaching Sessions...

8. The *length* of your coaching session will be **45-50 minutes**.
9. The *format* of your coaching session will be _____ *Individual Couple/Group* *Face-to-Face* *Phone*
10. To *contact* your coach or leave a message, please call: _____
* If this is a life threatening emergency, first call 911 *
11. *Cancellation of appointments* within 24 hours of the scheduled appt. may result in termination of services.
12. *Audio or video taping* may be conducted on occasion. It would be used for your coach's training purposes only, and would only be shared with the supervisor.
13. According to California law, any kind of sexual contact, or asking for sexual contact, or sexual misconduct by a coach with a client is *illegal*. Also, any regular social contact with your coach is *prohibited*.
14. *Specific goals* will be mutually agreed to by you and your coach. If ever in doubt with direction, procedures, options, risks/benefits of coaching, you are encouraged to notify your coach as soon as reasonably possible.

I, the undersigned, have read, understand, and agree to abide by the conditions of this agreement, and understand that I can terminate this relationship at any time.

Client Signature _____ Date _____

Coach Signature _____ Date _____



She is Dignified Coaching Intake Form

(To be filled out by Life Coach)

Date _____

Person(s) Being Coached _____

Referred By _____

Life Coach _____

What brings you here? _____

Increasing focus questions (i.e., what do you mean by, give me some examples of, tell me more about, how has that affected you, I'm curious to know more about, etc.) _____

What recent events have brought this to your attention? _____

Like to get to know you a bit more:

Family _____

Vocation _____

Education _____

Present medical conditions? _____

Medications on? _____

Social support feel? _____

Support from God (Scale of 1-10; 1=distant from God, 10=close) _____

Spiritual background? _____

Things struggled with growing up, obstacles had to overcome (in self, others)? _____

How did you get through obstacles in your past? _____

Present life obstacles you are facing (not mentioned so far)? _____

How have you handled these obstacles so far? _____

Ever been in a coaching or counseling setting before? (If so, when, what where) _____

Hopes and dreams for this coaching experience (i.e., how do you see things could be different, what would make things better, what options do you have, what is your idea of what to do next): _____

Insecurities/Concerns about Coaching? _____

Other important information _____

Homework given _____



She is Dignified Coaching Intake Form

(To be filled out by Life Coach)

Date _____

COACH IMPRESSIONS

1. General impressions:

2. General plan:

3. Your concerns/obstacles to overcome/referrals needed:

4. Questions/concerns to ask your supervisor:

5. Next session plan:

Life Coach Signature _____ Date _____



She is Dignified Coaching Notes

Name _____

Date & Time _____ Location _____

GENERAL PLAN

NEW OR IMPORTANT INFORMATION

CONCERNS

QUESTIONS FOR SUPERVISION

PLAN FOR NEXT TIME

PRAYER REQUESTS

HOUSEKEEPING NOTES



No Harm Contract

Name _____

Phone Number _____

Family Contact _____

Contact's Number _____

Contact's Address _____

_____ When life gets tough, I get sad, disappointed or frustrated, I will contact the above listed family member to let them know that would like their support.

_____ I will contact my Christian Coach when I am having a tough time to let them know that I would like their support or need to talk through a situation.

_____ I promise not to harm myself in any way until I have talked with either the above listed family member or my Christian coach.

Signature: _____ Date _____

Coach's Signature: _____ Date _____