

HIRSCH HOLISTIC FAMILY MEDICINE

Whole health. Whole body. Whole family.

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HHFM Integrative Health Coaching Agreement

Procedure:

- I will send you an email with available dates/times that we can meet or talk by phone. Please plan on two initial sessions in the first month for 45 minutes each. The first session may run up to an hour since we will be exploring lots of information at first. Fifteen-minute follow-ups will be scheduled once you have set a wellness goal.
- If you need to reschedule any session, please let me know 24 hours in advance.
- I ask for a commitment of 3 months. After that time, we will re-evaluate your progress and our work together and make any further agreements.

Preparation:

- After our initial session, I ask that you come to the coaching sessions prepared with an agenda of what you want from each meeting.
- Please take time to fill-out any necessary paperwork or homework prior to our meeting or call.

Expectations:

- Please be honest with yourself and me throughout the coaching process. You can expect me to be straightforward, constructive and confidential. You can say anything to me, positive or negative; this includes honesty in your responses to me, and letting me know if something makes you uncomfortable or if you don't want to respond to a question.
- The key to an effective coaching relationship is communication. Please let me know at any time if you have concerns that we haven't addressed.
- As your coach, I am a resource for you to use to your best advantage. I will share concepts or insights, and ask re-orienting questions that are intended to increase your success in attaining your health goals.

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- I expect a full commitment from you toward your own growth and development. If at any point this does not feel feasible I ask that we discuss this in our session. I expect you to be willing to grow and willing to discuss if this growth feels uncomfortable. From time-to-time, I'll make a direct request, like: "Will you accomplish 'X' by the end of the month?" You always have the option of accepting a request, declining or counter-offering something that might be more workable for you.

Payment Options:

- Integrative Health Coaching can be utilized through a monthly fee, your insurance or cash (please contact me for more details).
- If you are participating in our Membership Program, then you will pay an additional \$50/month for unlimited Integrative Health Coaching visits (in person and phone).
- If you are participating in our Insurance Program, then your visits in person with your Health Coach are billed as an office visit (Dr. Hirsch will participate in your visit). Insurance can only be billed for patients who are already established patients with HHFM. You are responsible for your co-pay, co-insurance and deductible as usual.
- HHFM Policies and Procedures are applicable for all programs.

Termination:

- Because of the time, scope and nature of the work, the initial contract is for three (3) months of coaching.
- Thereafter, the work is done on a month-to-month basis.

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Confidentiality:

- I recognize that in the course of our work, you may give me the following: future plans, health information, financial information, job information, goals, personal information, and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit, disclose, or communicate in any manner any information to any third party.
- I will not divulge that you and I are in a coaching relationship without your permission.
- I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will inform legal authorities so that protective measures can be taken.
- Please know that unlike a physician or a lawyer our confidentiality agreement is not protected by law. Should it ever happen, I cannot claim in court to be unable to divulge the contents of our conversations.

Nature of the relationship:

- You are aware that the coaching relationship is in no way to be construed as psychological counseling or psychotherapy.
- In the event that you feel the need for professional counseling or therapy, it is your responsibility to seek a licensed professional.
- Coaching results are not guaranteed. You enter into coaching with the understanding that you are responsible for creating your own results.
- As part of my training, you are working with me on a volunteer basis for the purpose of creating a structure to identify and achieve your health and well-being goals.

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Client Waiver: Simply stated, you understand that I am an Integrative Health Coach offering motivational and educational services. I cannot be held liable for any advice, suggestions or guidance that I provide during our work together.

Client has read and agrees to the parameters of the coaching practice which have been outlined on the previous pages:

Client signature: _____ Date: _____

Coach signature: _____ Date: _____