

Counseling/ Coaching Agreement

In order to create safety, clarity, and mutual accountability in the counseling relationship, we enter into this agreement.

AS YOUR COUNSELOR/COACH, I AGREE TO:

- Be available on time (or compensate for unavoidable tardiness by adding time to the end of a session, reducing the fee, or rescheduling the appointment at a mutually acceptable time).
- Behave in an ethical and professional manner.
- Assist you in working toward your goals.
- Help you to find the resources to support your goals.
- Keep everything in our sessions confidential within the limits of your legal rights.
- Set appropriate guidelines and boundaries in order to establish a sense of safety and security.
- Be open to feedback about your perception of our relationship, and sessions.

AS A CLIENT, I AGREE TO:

- Come to my appointments on time, or make compensation if unavoidably delayed.
- Call Dianna at 303-499-2567 at least 24 hours in advance of any necessary cancellation
- Compensate at the rate of \$60.00/hr. for cancellations made 24 hours or less before the scheduled appointment time.
- Pay the rate of \$_____ / hour, by check or cash at the beginning of the session. (receipt for tax purposes is available, credit cards or insurance are not accepted at this time)
- Act in my best interests with the goal of doing no harm to myself or others.
- Call the following numbers in case of emergency:
 - Dianna North 303-499-2567
 - Zoe Zimmerman 303-444-1195 (my office mate)
 - Emergency Psychiatric/ Suicide Prevention 24 hr services 303-447-1665
 - Mental Health Center of Boulder County 303-443-8500
 - MESA hot line (for sexual abuse issues) 303-443-7300
 - Boulder County Safehouse for Battered Women 303-449-8623
 - 911
- Discuss, in advance, the termination of counseling, to provide for at least two sessions devoted to closure and my future goals.

I have read the preceding, and consent to the terms of this agreement.

Client

Date

Counselor

Date

*Dianna North
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