

**Premier Health Center  
409 Wake Chapel Rd  
Fuquay Varina, NC 27526  
Phone: 919-567-9001 Fax: 919-518-9239**

### **HEALTH COACHING AGREEMENT**

**What We Provide**

The coaching services provided to me will include a supportive, comprehensive process for attaining health and well-being goals. Topics that I may choose to talk about include nutrition/diet, exercise, sleep, stress management, time management, work goals, relationship goals, finding meaning/purpose, and health challenges.

**Scheduling**

The first initial coaching session will be for 60 minutes and follow up sessions will be for 30 minutes. If you need to cancel or reschedule the appointment you may do so 48 hours in advance. Failure to do so may result in a \$25.00 cancellation fee.

**Payments and Refunds**

Payment is due at the time of services.

The coach reserves the right to cancel the program if at any point she or he feels it is not advantageous for the coaching program to continue.

**Disclaimers**

Health Coaches are not healthcare providers and coaching does not replace seeing a licensed physician and cannot prescribe or assess micro and macro nutrient levels; provide health care, medical or nutrition therapy service; or to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body.

The health coaching relationship is in no way to be considered or construed as psychological counseling or any type of therapy or medical intervention.

If the patient is under the care of a health care professional or currently uses prescription medications, the patient should discuss any dietary changes or potential dietary supplements with his or her doctor and should not discontinue any prescription medications without first consulting his or her doctor.

**Personal Responsibility and Release of Health-Related Claims**

I understand that participation is voluntary, and I may withdraw at any time by notifying my coach via phone or email. I am aware that the first coaching session will be 60 minutes and follow-up sessions will be 30 minutes. I understand that coaching is its own unique process that draws upon strategies for goal attainment and my health coach will guide me towards reaching my health and wellness goals.

I am aware that coaching results cannot be guaranteed.

I affirm that I am fully responsible for the choices and decisions in my life, and responsible for my own results.

I agree that it is my responsibility to tell my coach what works and what does not work and to be honest about how I would like to be coached.

I understand that the coach may be released from coaching me for any reason, including but not limited to, inappropriate conduct of my doing.

I agree to hold the Health Coach and Premier Health Center free of all liability and responsibility for any actions or results for adverse situations created as a direct or indirect result or specific referral or advice given by the coach.

**Confidentiality**

The health coach will keep the patient's information private and will not share any information to any third party. The only exception is if the coach has reasonable cause to believe there are threats of serious harm to the patient or others. Then the coach is obligated to report the situation to the proper agent.

I have read the above (or the above has been explained to me) and I hereby agree to participate in the Premier Health Center Health Coaching Program and follow the guideline.

Patients Signature \_\_\_\_\_ Date \_\_\_\_\_