oly Home Ministries

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**Informed Consent Agreement**

***This document contains important information about coaching, our business policies, and us. Please read it carefully and note any questions you might have so that we can discuss them. Once you sign this form, it will constitute an agreement between us.***

The following is an agreement entered into between Johanna and Alfred Horstman as coaches and Holy Home Ministries, and

(Print names) X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as client(s), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

**Coaching Approach:**  Holy Home Ministries is a Christian coaching organization employing God’s word in Scripture as the basis for coaching. Our method of coaching integrates biblical principles, Scripture, and our life experience with family-systems coaching, solution focused coaching, task-centered coaching, as well as other approaches that may fit a given client or couple. We take a positive approach to problems, assuming that people are resilient and have tremendous abilities to address their life situations with the help of the Holy Spirit, and to be responsible for their own actions. It is our role as coaches to help you understand the dynamics of your situation, create a plan to enable positive change, and walk with you during your journey.

**Recording:**

Any type of audio/video recording is prohibited in the coaching session, unless expressly agreed to in writing between the therapist(s) and the client. In all cases, the audio/video recording is part of the clinical record, and the property of the therapist(s).

**Client’s Initials \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Benefits and Risks of Coaching:** Symptoms may worsen before they get better because coaching may bring up unpleasant memories and emotions. I (we) will facilitate your journey, supporting you as you move forward; however, *you* are the one who must do the work to get the results you desire. Yielding to the movement and guidance of the Holy Spirit is the only lasting operational force of change so your willingness to yield to the Spirit, work hard, and to commit to the therapeutic process is necessary for you to achieve and maintain long-term results \_\_\_\_\_\_\_\_\_\_\_(initials). The benefits of outpatient coaching may include improved functioning in your personal and professional relationships, improved communication skills and a reduction in symptoms that led you to seek coaching in the first place.

**Client Rights and Responsibilities:** You may end our coaching relationship at any time, though I (we) do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my coaching techniques or suggestions that you believe might be harmful. You agree to come to coaching free from the influences of drugs, including alcohol.

**Referrals:** Should you and/or I (we) believe that a referral is needed, I (we) may provide alternatives including programs and/or people who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives unless otherwise directed.

**No Emergency Calls:** This office *does not* take emergency calls unless expressly noted by the coach in writing. If you have an emergency, go to your nearest hospital emergency room or call 911.

**Fees and Agreement:** There are no fees for coaching. All coaching and counseling is performed free of charge except for outside resources or materials that are deemed essential by the therapist and agreed upon by the client(s). No monies will be collected by the therapist over and above the cost of materials.

**Records and Confidentiality:** All of our communication becomes part of the clinical record. Records are the property of the coach. By law and professional ethics, your sessions are strictly confidential. No information will be shared with any person or organization without your written permission *apart from the exceptions listed below*. If you have seen another therapist or health care professional it may be helpful for Holy Home Ministries to share information with them. If this is necessary, your written permission is necessary for us to contact them.

**Client’s Initials\_\_\_\_\_\_\_\_**

**Legal and Ethical Exceptions to Confidentiality:**

a) I determine that you are a danger to yourself or someone else

b) You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person

c) You disclose sexual contact with another mental health services provider

d) I am ordered by the court to disclose information

e) If there is a licensure board inquiry, I may be required to share information with the board

f) If action is required to collect fees, if any, then confidentiality may be breached through collection procedures

g) I am otherwise required by law to disclose information

In the case of couples or family psychotherapy, I will keep confidential (within the limits cited above) anything you disclose to me without your family member’s knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress.

**Client’s Initials\_\_\_\_\_\_\_\_**

**Acknowledgment and Consent:** By your signature(s) below, you are indicating that you have read and understand this statement, that you have had an opportunity to ask questions, that any questions you have about this statement have been answered to your satisfaction, and that you were furnished a copy of this statement.

By my/our signature(s), I/we agree to the terms and conditions outlined within this document.(Each participant is required to sign this agreement form.)

Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Holy Home Ministries 3900 Swiss Avenue #317 Dallas, Texas 75204

 http:// holyhomeministries.com 913-549-8350 holyhomeministries@outlook.com