*HEATHER LEAVESLEY, M.A., M.A., IFSCP – 720-363-5538*

PERSONAL AND PROFESSIONAL DEVELOPMENT COACHING AND PSYCHOTHERAPY

CLIENT AGREEMENT

SERVICES

* My services include Coaching and/or Psychotherapy via Telehealth or in-person on topics we jointly agree upon.
* My services are designed to help you as the client with personal and/or professional development and enhanced performance.
* The coaching and psychotherapy process may include but is not limited to assessments, brainstorming, visioning, and other counseling and consulting techniques.
* Coaching is for clients who are psychologically healthy, who want to make changes, improve performance, or move forward in their lives. Coaching approaches are designed based on this understanding.
* Coaching is not psychotherapy, but counseling techniques may be used to resolve personal obstacles to agreed upon goals. Thus, in the course of our work, we may engage in short-term, psychotherapeutic work targeting your coaching objectives. You have been provided with my Psychotherapy Disclosure Statement and by signing this Agreement and that Statement you consent to working with me. If additional psychotherapy is indicated in the course or our work, we will change our agreement or I will refer you to another psychotherapist.
* Our work together is to foster development and change. Progress and change happen at different rates for each client, and we will continually monitor your progression toward goals and jointly update your objectives as required.

CONFIDENTIALITY

* Because our work together is founded on trust, I will keep all client conversations and information private and confidential. However, since our work is not strictly psychotherapy, client confidentiality may not be protected by law.
* I will follow the standards of confidentiality that apply to the practice of psychotherapy including the exceptions to confidentiality that are documented in my Disclosure Statement and Privacy Practices provided to you.

APPOINTMENTS AND FEES

* Sessions will be scheduled jointly based on client and therapist availability.
* Sessions are typically 50 minutes and the full fee is $195.
* Initial sessions, especially for assessment and assessment read-outs may be longer and the fee will be prorated based on our full fee agreement.
* If sessions are missed or canceled/rescheduled with less than 24 hours notice, you will be charged for a full session.
* Payment is due at the beginning of each session.
* Email and phone communications may occur between sessions as necessary and there will be no fee if limited to under 10 minutes in duration. Those that exceed 10 minutes will incur an additional fee prorated based on our full fee agreement.
* I accept payments via Zelle using my phone number 720-363-5538, Venmo using @Heather-Leavesley-1, cash, checks, credit cards or PayPal.
* I may periodically raise my fees. If you're an existing client in treatment, I will give you 20 days advance notice.
* A $30 fee will be charged for every instance a check is returned for insufficient funds.
* No new sessions will be scheduled until outstanding invoices are fully paid or arrangements have been made.
* Any costs incurred in collections on your account are your responsibility.

This agreement is between:

Signature of Client Date

Signature of Therapist Date