

# **Privacy Statement**

## **Welcome**

The following information is provided to help you make an informed decision about participating in Health Coaching, as well as to answer any questions you may have about office policies and procedures. Please feel free to discuss any questions or concerns you may have after reviewing the enclosed information.

## **Certification/Education**

I am certified as a Health Coach and Behavior Change Specialist. I have a PhD in Educational/Leadership, Bachelor and Master of Health Science.

## **Confidentiality**

All clients are assured of confidentiality. Only a release of information, signed by you, may authorize me to discuss any information with other individuals. There are, however, important exceptions in which I am required by law to reveal information about you without your permission:

1. The law requires that I notify the intended victim and the appropriate law enforcement agencies if I judge that a patient had an intention to cause serious bodily harm or death to another individual.
2. I am obliged by law to report any suspected child abuse, neglect, or molestation to protect the child/children involved.
3. I am obliged by law to report any suspected abuse, neglect, or molestation of an elderly person, child, or dependent adult involved.
4. If a client is assessed to be suicidal, I am required by law to notify the individuals or agencies necessary to prevent self-harm. Also, a referral to a licensed psychologist will be made.
5. In cases of alleged criminal or civil liability, I may be court ordered to release behavior information and/or records.
6. All Health Coaching services will be paid upfront before services are rendered.

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7. I may release your name for collections processing. However, not session related information will accompany the disclosure.

## **Client's Rights**

1. You have the right to decide to end our Health Coaching work at any time. If you would like, I will provide you with the names of other qualified Health Coaches, fees will not be reimbursed to the client.

2. You have the right to refuse the use of any behavior techniques. I will inform you of all procedures we work on together and that are performed.

4. You have the right to ask any questions about the procedures used in Health Coaching.

## **Coverage**

You may leave the allotted number of emails, voice, or text messages contained in your Health Coaching package purchased at (805) 550-6315. This information will be contained in my telephone, text, and email messages.

## **Health Coaching Relationship**

Coaching with a Health Coach has the purpose-of supporting you in achieving optimal health and wellness through lifestyle and behavior changes. Because patients often disclose to their Health Coach many deeply felt personal thoughts and experiences, the relationship can become close and important. Sometimes, clients come to want the relationship to become more than a coaching relationship. It is necessary for clients to recognize that I cannot at any time, during or after your course of coaching sessions, be anything but your Health Coach. While talking about thoughts or feelings may be a part of coaching for many people, actual intimate relations between clients and their Health Coach is not permitted. These boundaries are important for effective, ethical therapy.

## **Health Coaching**

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Health Coaching is a joint effort, the results of which cannot be guaranteed. Progress depends upon multiple factors including motivation, effort devoted, and other life circumstances. Helping you to reach your goals in our coaching sessions is the purpose of our work together. You can do your part by openly and honestly communicating thoughts and feelings without judgement, even though this may be difficult. There is a risk of feeling anxious and frustrated, at times. These feelings are a normal part of the Health Coaching process and are usually temporary. We will work together to get through the difficult times. If you are ever concerned that our work together is not helping, please let me know so that we can discuss your concerns.

By signing below, I acknowledge that I have read this form and have had any questions I had answered to my satisfaction. I agree to work together in Health Coaching with Michele A. Aeck, Ph.D.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michele A. Aeck Ph.D.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date