

## Disclosure Statement and Informed Consent for Receipt of Coaching Services

This form is to document that I, \_\_\_\_\_ give voluntary permission and consent to receiving coaching services from Christiana Kelley.

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### **Purpose and Background**

The purposes, goals and scope of coaching services have been explained to me. Where appropriate, I have also received information about the techniques and methods used or shared by Christiana Kelley. I understand that Christiana Kelley is not a licensed medical professional. Further, I have been given the opportunity to ask any additional questions regarding her expertise.

While I expect benefits, I am aware that the personal coaching is not scientific or medical in nature, and results are not guaranteed. I acknowledge that no guarantees have been made to me regarding the results of coaching.

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### **Confidentiality**

I understand that my conversations with my coach will almost always be confidential. However, there are some important exceptions to this. I understand that my coach may report actual or suspected child, elder, disabled person or spouse abuse to the appropriate authorities. In addition, the coach has a moral responsibility to report to the proper authorities or other persons when a client is a threat to his/her own or someone else's safety.

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### **Coaching Fees**

I understand that coaching services are rendered on private pay basis and that payment is expected at the time service is rendered. Private pay rates are as follows; \$100 per month for one hour of coaching. This fee is assessed regardless if the full hour is utilized or not. The hour can be in the form of, but not limited to, phone calls, text messages, emails, or video communications such as Zoom, Skype or FaceTime.

Each subsequent hour, beyond one hour, will be billed at the same \$100 rate, up to a maximum of \$500/5 hours. If a client reaches five hours, at that time, we will reevaluate the needs of the client. NOTE: Coaching is designed to help facilitate wellness and healing. It is not intended to drain clients of money. The purpose of reevaluation is to ensure the client is getting their needs met.

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### **Working Together**

I understand that I only get out of the coaching relationship, what I put in. Christiana Kelley will serve as a guide to me and support, and will give 100% to the coaching relationship, however, the onus is on me, the client, to follow the suggestions and do the work to receive the benefits of coaching. In addition, I understand that I am free to discontinue coaching at any time.

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### **Holistic Modalities**

Coaching involves utilizing holistic modalities to heal trauma and transform thought patterns in order to facilitate more enjoyable states of being. Clients will be empowered to utilize tools such as, but not limited to, Emotional Freedom Technique (ETF) Tapping, Inner Child Dialogue, Breathwork, Meditation, Visualization, Journaling, Body Movement, Mantras, Affirmations, Sound Baths, etc.

These modalities are used to facilitate growth and development during coaching, and after coaching sessions have ended. Specific outcomes cannot be guaranteed, but client progress will be discussed throughout coaching and changes may be made to our plans/sessions as needed. I am aware that while coaching offers potential benefits, it also presents possible risks, such as uncovering painful or uncomfortable feelings of sadness, guilt, anxiety, anger or frustration as aspects of my life are discussed. In addition, as I grow as a result of insight gained, I may experience feelings of discomfort until I adapt and adjust to these changes.

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### **Suggested Resources**

I understand that due to the fact that Christiana Kelley is not a licensed medical professional she cannot:

- Make suggestions regarding medications
- Provide diagnoses or prognoses
- Make suggestions regarding discontinuation of medical treatment

However, Christiana may suggest:

- Reaching out to licensed medical practitioners for additional care
- Connecting with other spiritual healers for services beyond the scope of Christiana's ability  
(e.g. Reiki Practitioners, Integrative Healing Practitioners, Alternative Healing Coaches)

I understand that I am under no obligation to take these suggestions, and no obligation to reach out to the suggested healers.

**I certify, with my signature below, that I have read, had explained to me where necessary, fully understood and voluntarily agree with the contents of this Informed Consent for Receipt of Personal Coaching Services.**

**I release and hold harmless Christiana Kelley from any action or liability arising out of my participation in coaching.**

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Signature of Client

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Date