



Angela Hunnicutt, Ph.D., HSPP, CPC
9247 N. Meridian St., Ste. 104
Indianapolis, IN 46260
(317) 815-6030
Fax: (317) 815-6031
www.psychotherapyandlifecoaching.com

COACHING CONTRACT

Mission Statement:

To help children, adolescents, adults, and families live the lives they have always wanted and become who they truly are.

Coaching:

Coaching is a joint venture between myself and Dr. Hunnicutt, and I am encouraged to participate in the process of developing and monitoring goals and outcomes. Often coaching begins with several weekly visits and then several at a monthly frequency. Sessions are usually 30 or 45 minutes long, but other options can be discussed if they better meet my needs. Sessions can take place by phone (adults only), in person, or any combination of both. Coaching is not therapy, though therapy may involve coaching at times. In the event that I need therapy after beginning the coaching relationship, I will be referred to another provider to eliminate any confusion about Dr. Hunnicutt's role. I may continue coaching while in therapy with another provider, but I may be asked to sign a release authorizing an exchange of information between Dr. Hunnicutt and the other provider, to ensure that no conflicts arise.

Confidentiality:

All information shared in coaching is confidential except in circumstances governed by law, such as child abuse and danger to self or others. Both parties agree to take all reasonable measures to ensure confidentiality with any communication over the phone and/or Internet.

Financial Policy:

Fees are payable at the time of service. Coaching is not considered medically necessary and is not covered by insurance. Cash, check, cashier's check, and most credit cards are accepted. There is a \$20 fee for returned checks. Fees are subject to change every six months.

No-Show and Cancellation Policy:

The session time has been reserved for me. Dr. Hunnicutt has made a commitment to hold this time for me. It is requested that cancellations be made by phone 24 hours in advance. If I miss an appointment without calling to cancel, or I cancel with less than 24 hours notice, there will be a charge of \$55.

Contractual Agreement:

I have read and understood this contract, and I agree to its terms. I acknowledge that Dr. Hunnicutt can make no guarantee or warranty as to the results of these services. I am consenting only to those services that Dr. Hunnicutt is qualified to provide within the scope of her license, certification, and training. If the client is under the age of 18, I attest that I have legal custody of this child and am therefore allowed to initiate and give consent for the child's participation in these services.

Client or Parent/Guardian Signature

Date

Angela Hunnicutt, Ph.D., HSPP, CPC

Date