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## GROUP COACHING CONTRACT

### Mission Statement:

To help group members live the lives they have always wanted and become who they truly are.

### Group Coaching:

Group coaching is a joint venture between the facilitator and all group members. I am encouraged to participate in the process of developing and monitoring goals and outcomes. I agree to support the group, honoring and valuing each participant. Dr. Hunnicutt agrees to provide a fun and safe experience, encouraging members to share using I-statements. Each participant makes the personal decision whether to receive feedback, and feedback is offered in positive terms without judgment or advice-giving.

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

### Financial Policy:

All fees for group are payable at the time of the first group session to guarantee my place in the group and my commitment to the group. 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:

Group sessions may not be rescheduled, and fees are non-refundable, unless Dr. Hunnicutt cancels or reschedules a group session. It is understood that I may not be able to make all of the group sessions, and it is requested that I let Dr. Hunnicutt know as soon as possible when I will be unable to attend.

### 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 group member 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.

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Client or Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Angela Hunnicutt, Ph.D., HSPP, CPC

\_\_\_\_\_  
Date