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### **Information and Informed Consent for Coaching Services**

Coaching is live two-way audio and video electronic communications to enable coaches and clients to meet outside of the office setting.

#### **Client Understanding:**

- \*I understand that Coaching services are completely voluntary and that I can withdraw this consent at any time.
- \*I understand that none of the Coaching sessions will be recorded or photographed. I agree not to make or allow audio or video recordings of any portion of the sessions.
- \*I understand that the laws that protect privacy and the confidentiality of client information also apply to Coaching, and that no information obtained in the use of Coaching that identifies me will be disclosed to other entities without my consent.
- \*I understand that Coaching is performed over a secure communication system that is almost impossible for anyone else to access. I also understand that any internet based communication is not 100% guaranteed to be secure. I agree that Valery Rockwell LMHC, will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system.
- \*I understand that if I choose to use a landline or cellphone our meeting will not be HIPAA compliant.
- \*I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my coach, or I will make additional plans with my coach ahead of time for re-contact.
- \*I understand that I or my coach may choose to discontinue the Coaching sessions at any time if it is felt that the video technology is not adequate for the situation.
- \*I understand that if there is an emergency during a Coaching session my coach may call emergency services and/or my emergency contact.
- \*I understand that if an urgent issue arises outside of my session, I will contact Valery Rockwell by phone at 617.763.4943. If I cannot wait for a return call, I will seek support from someone close to me, call 911 or go to my nearest emergency room.
- \*I understand a “no show” will be charged if I miss an appointment or do not cancel within 24 hours of a scheduled appointment.
- \*This agreement is a supplement to the general informed consent we agreed to at the beginning of our work together and does not amend any terms of that agreement. I have the right to withhold or withdraw my consent to the use of Coaching at any point of time without affecting my right to future coaching.

\*Your signature(s) below indicate agreement with the terms and conditions listed above.

**I have read, fully understand, and agree to the above.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I have been offered a copy of this consent form.** \_\_\_\_\_ (initials)

**Emergency Contact**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_