



Center of Solutions

P.O. Box 764
Holland, OH 43528

Phone: 888-606-1962

Disclosure Statement & Agreement For Services

Introduction

This document is intended to provide important information to you regarding your consultation/coaching/counseling/therapy session. Please read the entire document carefully and be sure to ask your consultant/coach/therapist any questions that you may have regarding its contents.

Fees

The fee for service as listed per 50 minute individual consultation/coaching/therapy session.
The fee for service as listed per 30 minute individual consultation/coaching/therapy session.
Your coach/therapist reserves the right to raise fees at any time.

Fees are payable before services are rendered. No services are rendered without payment in advance. You will be provided with methods of payment at your first appointment.

Confidentiality

All communications between you and your coach/therapist will be held in strict confidence unless you provide written permission to release information about your treatment. If you participate in a family consultation/coaching or group meeting your therapist/coach will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

There are exceptions to confidentiality. Therapists, counselors and life coaches may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself.

Appointment Scheduling and Cancellation Policies

Sessions are scheduled at the client's and coach's/Therapist's discretion. Your coach/therapist may suggest a different type of treatment depending on the nature and severity of your concerns. In order to cancel or reschedule an individual telephone or individual appointment at our facility, you are expected to notify your coach/therapist at least 24 hrs in advance of your appointment. If you do not provide your coach/therapist with at least 24 hours notice in advance, you are responsible for payment for the missed session.
No exceptions will be made.

Consultation Availability

Your coach/therapist will accept calls between sessions, but will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for your coach/therapist at any time on his/her confidential voicemail. If you wish your coach/therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non urgent phone calls are returned during normal workdays (Monday through Friday) usually within 24 hours between the hours of 9:00 AM – 5:00 PM. Center of Solutions, LLC is not a crisis center and is unable to help during acute crisis's requiring immediate help. In the event of an emotional

or medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

Communications

Your coach/therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your coach/therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

- My coach/therapist may call me at my home. My home phone number is:
- My coach/therapist may call me on my cell phone. My cell phone number is:
- My coach/therapist may call me at work. My work phone number is:
- My coach/therapist may send mail to me at my home address.
- My coach/therapist may send mail to me at my work address.
- My coach/therapist may communicate with me by email. My email address is:
- My coach/therapist may send a fax to me. My fax number is:

About the Process

It is your coach's/therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your coach/therapist and the specifics of your situation, your coach/therapist will provide recommendations to you regarding your treatment. We believe that coaches/therapist and clients are partners in this process. You have the right to agree or disagree with your coach's/therapist's recommendations. Your coach/therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature and severity of problems and the individuality of each client, your coach/therapist is unable to predict the length of your sessions or to guarantee a specific outcome or result.

Termination

The length of your consultation and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your coach/therapist. Your coach/therapist will discuss a plan for termination with you as you approach the completion of your goals. You may discontinue working with us at any time. If you or your coach/therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your alternatives. Alternatives may include, among other possibilities, referral, or terminating your sessions.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your consultant to address any questions or concerns that you have about this information before you sign.

Signature

Print and Date