

Judy Silvan, LICSW, Trained Executive Coach
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EXECUTIVE AND LIFE-COACH CONTRACT

Name(s):

Date(s) of Birth:

Permanent and Current Address:

E-mail and Phone (home and work):

Emergency Contact (name and phone numbers):

Referral Source & Reason for Coaching (briefly):

PRACTICE POLICIES:

Sessions are held remotely on Zoom, unless otherwise specified. Other available options are audio phone call. In-person meetings are possible when locations match; please ask.

- ◆ _____ (please initial) Scheduling is done between Judy Silvan and client directly. **Once a session is schedule, payment is due: Exception made for a session rescheduled during the same week, in which case only one fee will be charged for the rescheduled tome, and the original fee will be waived. This policy stands even for illness since sessions are remote/rescduling during the same work week is always an option without payment for the original session.**
- ◆ For **weather emergencies or other travel bans:** We meet **remotely** at the appointed time, either by Zoom or phone. You are always permitted to reschedule if the weather emergency is a Declared Emergency. _____ (please initial)
- ◆ Coaching Session in-person or tele-coaching (phone, Zoom or in-person): \$450.00/55 minutes, \$250.00/30 minutes AND PRO-RATED FOR LONGER SESSIONS
- ◆ Payment is due at the date of session, unless otherwise agreed upon in advance, by both parties. Payment is through Square App with credit card or unless other arrangements are made.
- ◆ Coach keeps information shared by the client confidential, until client gives written permission for consultation to others involved in client's coaching or 'well-being purview'. Coach and client will discuss who may be adjacent and useful for coach to have permission to share information with.
- ◆ Coaching is not a treatment for medical diagnoses. If serious MH issues arise during the coaching experience, signature signifies client's agreement to accept and follow through with Judith Silvan's recommendation to seek psychotherapy or MH care locally with a licensed MH practitioner in their home state or country of residence.
- ◆ NAME/CONTACT of LOCAL LICENSED MH PROVIDER— I AGREE TO CONTACT THE PROVIDER NAMED BELOW UPON JUDY SILVAN, COACH's, RECOMMENDATION; BELOW SIGNATURE GIVES JUDY SILVAN, LICSW/ EXECUTIVE COACH PERMISSION TO CONTACT THIS PERSON:

Name/Phone number of Lic MH provider(s) and or Medication

Prescriber(s): _____

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- ◆ As a coach I work as a Consultant and not as a medical practitioner.

Client Signature and Date: _____

Coach Signature and Date: _____

The above signature represents an understanding of and contract to agree to follow these practices. The above signature also represents signed consent for Judith Silvan to contact my emergency LICENSED MH provider(s), and to provide me with coaching services.

