

## A HEALING ALTERNATIVE WELLNESS CENTER

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WWW.FAITHGHARPER.COM

[INFO@FAITHGHARPER.COM](mailto:INFO@FAITHGHARPER.COM)

Hey there, new person!

Enclosed in this packet is all the basic forms you will need to complete before your first in-office appointment. Paperwork can absolutely be completed during your first appointment, though many people prefer it all completed ahead of time. It can be printed and brought in the day of your appointment or emailed or faxed to me before the appointment time.

Copies of my Privacy Policy, Informed Consent for Technology Assisted Coaching, and my Social Media Policy are available as separate downloads and should be read before completing this packet. Additionally, I keep printed copies of them in the office and can provide them to you at your request.

There are other forms available on my website that you may need to complete such as a consent to release information if you are working with other treatment providers.

Please have each person who is entering services complete a packet. (Though don't freak out by the contract...if you are attending as a couple or family unit you will only pay for the service visit, not per person!)

If you have any questions, do not hesitate to contact me at [info@faithgharper.com](mailto:info@faithgharper.com)

Faith G. Harper

**RELEASE OF LIABILITY**

I understand that Faith Harper is an Integrative Wellness & Life Coach dedicated to sharing its knowledge, tools and resources with their clients.

I represent that I am in good physical and emotional condition and have no medical reason or impairment that might prevent me from gaining coaching from Faith Harper. I acknowledge Faith Harper will not give me medical advice and their services are meant to be support in addition to any other medical professionals treatments necessary, not in replacement of. If I have any physical or medical concerns now or in the future, I must discuss them with my physician or mental health professional and provide a release to Faith Harper from my physician and other members of my clinical care team.

I, the undersigned, hereby release A Healing Alternative Wellness Center its officers, members, employees, representatives and agents from any and all liability and claims, demands, rights of action or action, which are related to, arise out of, or are in any way connected with the participation in coaching services that may arise.

Waiver Section of 1542. With respect to all matters, facts, events or occurrences herein, I expressly waive all rights under Section 1542 of the California Civil Code and any an all provisions, rights and benefits of any similar statute of any other jurisdiction. Section 1542 of the California Civil Code provides:

**“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, OF WHICH, IF KNOWN BY HIM, MUST HAVE MATERIALLY AFFECTED THE SETTLEMENT WITH THE DEBTOR.”**

*I have carefully read and fully understand and agree to the foregoing statement and release.*

**Date** \_\_\_\_\_ **Signed** \_\_\_\_\_

**If the client is under 18 years of age: I/we the undersigned, as legal guardian(s) and on the behalf of \_\_\_\_\_ have carefully read and fully understand and agree to the release.**

**Date** \_\_\_\_\_ **Signed** \_\_\_\_\_

Faith G. Harper, PhD, LPC-S, ACS, ACN  
A Healing Alternative Wellness Center, LLC  
info@faithgharper.com www.faithgharper.com  
Phone: (210)705-2121

## Coaching Agreement

Coaching is most helpful when it takes place in a framework of trust, clarity, and understanding. This contract is intended to clarify and help this relationship. Should you have any questions concerning this covenant, please discuss them with me.

### **Financial Understanding**

I/we understand that the fee for a 50 minute session is **\$200.00**; this fee is the same for an initial visit.

If I am choosing to purchase a coaching package, I am doing so for the amount of: \_\_\_\_\_ and this packet provides me with the following agreed-upon services: \_\_\_\_\_

I have discussed this amount with the coach along with my ability to pay. **I agree to a fee in the amount of \_\_\_\_\_.**

I agree to be responsible for that full fee amount.

### **Cancellation Policy**

I understand that I will be charged the full fee of **\$200.00 for a missed appointment or if I fail to cancel without 24 hours notification.** This can be discussed with your coach if special circumstances result in a missed appointment.

### **Limits of Confidentiality**

I understand that confidentiality is central to the coaching process. For the coaching process, HIPPA regulations do not apply and TMRPA have limited applicability in protecting my information. Additionally, confidentiality must be broken and a report made to the proper authorities when there is abuse or neglect of children, disabled persons, and the elderly; when there is intent to harm oneself, another, or property; or when a court order is issued.

### **Terminating Coaching**

I understand that though I may stop coaching at any time, the ending of coaching is best if discussed with my coach at least one session before it ends.

I understand that if my coach ascertains that therapy would be of more benefit to me, they may terminate coaching and provide a recommendation and/or referral to a licensed therapist.

Signed \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

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A Healing Alternative Wellness Center, LLC  
[info@faithgharper.com](mailto:info@faithgharper.com) [www.faithgharper.com](http://www.faithgharper.com)  
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**CONTACT INFORMATION**

Today's Date \_\_\_\_\_ Reverified Date \_\_\_\_\_ Reverified Date \_\_\_\_\_

Legal Name \_\_\_\_\_  
*Last First MI*

Preferred Name \_\_\_\_\_

Prounouns: \_\_\_\_\_

Any relevant information about name, gender, pronouns you want to share:

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Legally Authorized Representative (if applicable) \_\_\_\_\_  
*Last First MI*

Address \_\_\_\_\_  
*Street Apt#*  
\_\_\_\_\_  
*City, State, Zip*

Preferred Form of Contact? \_\_\_Phone \_\_\_Cell Phone \_\_\_Text \_\_\_Email

Cell Phone \_\_\_\_\_

If Phone Contact checked, OK to leave message? \_\_\_\_\_

Home Phone \_\_\_\_\_

If Phone Contact checked, OK to leave message? \_\_\_\_\_

Email address: \_\_\_\_\_

**If you marked that you prefer email contact or text contact, please note the following:**

I understand that the confidentiality of information transmitted via email or text cannot be guaranteed.

\_\_\_\_\_ *Your Initials*

**In Case of Emergency, Notify:**

Name \_\_\_\_\_  
*First Last*

Relationship \_\_\_\_\_

Contact info: \_\_\_\_\_  
*Street Apt#*

\_\_\_\_\_  
*City, State, Zip*

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Receipt of Notice of Privacy Practices Form  
A Healing Alternative Wellness Center, LLC  
Faith G. Harper, PhD**

I, \_\_\_\_\_, hereby acknowledge receipt of the NOTICE OF PRIVACY PRACTICES and INFORMED CONSENT FOR TECHNOLOGY ASSISTED COACHING from my coach.

The NOTICE OF PRIVACY PRACTICE and INFORMED CONSENT FOR TECHNOLOGY ASSISTED COACHING provides detailed information about how the practice may use and disclose my confidential information.

I understand that my therapist has reserved a right to change his or her privacy practices that are described in the NOTICE.

I also understand that a copy of any Revised NOTICE will be provided to me or made available.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

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**Social Media Acknowledgement Form**

I acknowledge that I have been provided a copy of Faith Harper's social media policy which remains in effect even when I am no longer receiving services from her.

I understand that this policy is available for download and review at any time from her website ([www.faithgharper.com](http://www.faithgharper.com)) and updates in this policy will be discussed with me, if I am currently receiving services from her.

I understand that if any questions about social media arise are best discussed directly with her during our sessions.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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



Empower Your Life

**CLIENT PERSONAL HISTORY**

Client Name: \_\_\_\_\_

What are the reasons (problems, challenges, circumstances) that brought you here (to work with a coach)?

The problems I need help with are:

List what you have done so far to try to resolve the problem. Are you currently working with anyone else to resolve it?

List why or how these problems effect your life (why are they a problem?):

How long has this been a problem or struggle in your life?

When was it not?

What specifically created this problem? What steps led to it?

How do you feel about the problem (what emotions are present)?

Tell about your family and childhood as it relates to the current situation (what is the relationship between your past experiences/people and the current problem):

Is there a purpose or a reason for having this problem?

How will you know when the problem has totally disappeared (what will that look like or feel like)?

How will it feel/look like in your life when the problem is gone?

Are you willing to take the steps necessary in order to release the problem from your life/resolve the problem?

On a scale of 1-10 how committed are you willing to be with your time, energy and resources towards overcoming this problem. 1 being the least committed and 10 being the most.

My biggest goals are:



The areas I struggle most in are:

I spend most of my time on (or doing):

I spend a lot of time on thinking about:

My definition of success is:

My definition of wellness and health is:

What area of your life would you most like to improve (health, relationships, family, finances, career, spirituality or self development)?

What areas are your areas of struggle example of main areas: family, relationships, career, finances, health, spirituality, self awareness/self development)?

Do you struggle to find balance between your fitness needs, personal needs, life tasks, social life and work? If yes, when time is tight, which is the first area you cut down on?

What do you find most challenging in life (relationships, work, money, family, etc.)?

What is more challenging for you, balance or discipline?

What areas would you like to see healing/growth in?

What are some of the things that you feel limit you in growth or block you from living to your fullest ability?

What are you most passionate about in life? Do you feel that you are living your purpose?

What would you like to feel or be different, better or more in your life?

What would you like to have, be or do more in your life?

What do you think is the most beautiful or positive thing about the world? The worst?

What are you most grateful for in your life?

When you have had a long day and really need to 'recharge' would you choose to be home and have some alone time or go out and socially interact?

When you experience stress, negative feelings and or emotions what do you typically do to deal with them? Or what do you do to avoid feeling uncomfortable? How do you escape or process them (please list both positive and negative ways you do this)?

What would you like to be different, better or more in your emotional life (feelings, emotions, relationships - with self and others)?

Would you consider your upbringing healthy or dysfunctional?

Who do you spend most of your time with? Is that relationship satisfying?

What is your activity level in the community? Do you have a group of friends you see regularly?

Have you ever experienced physical, emotional, verbal, spiritual or sexual abuse?

What recreational (enjoyable and relaxing) things do you enjoy? How often do you do them?

What do you like about yourself? What don't you like about yourself?

Do you have negative emotions that you still feel now that have to do with things that have happened in the past?

Do you have any anger, resentments or unforgiveness towards any person, place, thing or situation (including God)?

How often do you see or speak to friends?

Write a brief description of how you have perceived yourself (your mind, body, etc.) for the majority of your life and any recent changes to that?

Write a brief description of your relationship to food, sleep, movement/exercise, general self care in the past and present?

Write a brief description of your relationship with yourself in the past and present?

Write a brief description of your relationship with others (family, friends, lovers/partners) in the past and present?

Do you feel very satisfied, moderately satisfied or dissatisfied with your life most of the time?

Are you single or in a relationship? If you are single are married, how often do you and your spouse go on dates with each other?

Are you happy with your relationship and/or relationship status? Is it fulfilling? What could make it more fulfilling?

When something upsets you, do you tend to get angry, get sad, get frustrated, shut down, cry, ignore it or talk about it?

What have been the most significant losses and major life changes you have experienced?

When you experienced these losses/changes, what coping tools did you use to deal with them; food, tv, sex, drugs, sleep, alcohol, shutting down/avoidance, shopping, anger, reading, and others?

Do you feel satisfied with your personal life?

What top 5 things/characteristics do you most value in life (example; integrity, love, success, money, friendship, support, freedom, etc.)? Please list them in order of importance to you (1 being the highest priority and 5 being the lowest).

- 1.
- 2.
- 3.
- 4.
- 5.

What do you think most about often?

Are your thoughts happy, stressful, sad, etc.?

What would you like to be different, better or more in the 'mental' area of your life (thoughts, patterns, habits and self perceptions)?

When you have thoughts about yourself what are they? When you look in the mirror what do you usually think?

How often do you learn new things through reading, researching, taking classes or seminars or having discussions with others?

When you spend time thinking about you and your life, what feeling (either physically or emotionally) do you feel afterwards (example: anxious, stressed, happy, positive, hopeful, empowered, helpless, out of control, sick to stomach, headache, exhaustion, overwhelmed, neutral - no different)?