



Re: INNER BONDING ® FACILITATION AND COACHING AGREEMENT

Dear _____,

Thank you for choosing me to work with you on improving your connection to yourself and thereby improving your life. Beginning Inner Bonding® and engaging a coach to facilitate your personal growth is a major decision. This Agreement between Shauna Haycock (“Facilitator”) and _____ (“Client”) memorializes our understandings and agreements regarding our work together.

SERVICES AND CLIENT RESPONSIBILITY:

Inner Bonding® is an educational technique that teaches you how to learn to be loving to yourself. A core foundation of the practice is that you choose to be responsible for caring for yourself mentally, emotionally, physically and spiritually. The 6 Steps of Inner Bonding are the property of Drs. Margaret Paul and Erika Chopich. I invite you to visit the Inner Bonding website for more information on the 6 Steps.

Coaching may address specific personal struggles, career issues, or general life situations. Other coaching services include values clarification, brainstorming, identifying plans of action, and asking clarifying questions.

Inner Bonding® Facilitation and coaching both require authentic communication and engagement in a collaborative process between us. As a Facilitator, I will support you in learning to take better care of yourself. You, the Client, remain solely responsible for your decisions and actions.

LIMITATIONS ON LICENSURE AND SCOPE OF WORK:

At present, Inner Bonding® facilitation and personal coaching are not licensed by the State of California. Facilitator is not a licensed mental healthcare provider. Facilitator is an Inner Bonding® Facilitator in Training.

Inner Bonding ® facilitation and coaching are not a substitute for mental health care or medical care. Should you feel psychologically stressed to the point that it is interfering with your ability to function, please seek out professional mental health or medical care.

In our work together, if I as Facilitator believe that you need to seek additional help, I will use my best efforts to discuss this matter with you and together come up with a plan that is in your best interests which may include referral to a mental health or medical care professional (depending upon where you live).

SESSIONS:

A standard session is 60 minutes in length. Facilitator charges \$75.00 for a standard session. Sometimes a Client will request a shorter session to address situations that arise between regularly scheduled sessions. Facilitator provides these at her sole discretion. Further, should such a short session extend to



15 minutes or longer, Client will be billed on a prorated basis calculated based upon Facilitator's hourly rate.

PAYMENT POLICY:

Inner Bonding® facilitation and coaching are not covered by insurance. You are responsible to pay my full fee in advance of your session or on a monthly basis, at the sole discretion of the Facilitator. Facilitator does not hold client funds on retainer.

SESSION CANCELLATION POLICY:

Should you need to cancel an appointment, please let me know as soon as possible. The first time you cancel your session with less than 24 hours' notice to me, you will not be responsible for your fee. Each additional time you cancel your session with less than 24 hours' notice to me, you will be responsible for my full regular session fee. I will waive these costs if we are able to conduct a standard phone or video conference session the same week as your originally scheduled session.

AVAILABILITY:

I am not reachable 24-hours per day. If you call or email me on a business day before 5:00 p.m. Pacific Standard Time, I will use my best efforts to return your call or email that day. Communications received after 5:00 p.m. may not be responded to until the next business day.

EMERGENCY SITUATIONS:

If you have a mental health emergency, which may include feeling suicidal, severely depressed or anxious, YOU ARE ADVISED TO CALL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM IMMEDIATELY.

CONFIDENTIALITY:

All information provided by the Client will be held in confidence by the Facilitator except in rare cases when the law requires disclosure such as if a court orders Facilitator to provide information or testify or if Client reports possible child or elder abuse or neglect or threatens to harm Client or someone else.

Client agrees that in those situations, confidentiality may be limited or unavailable. Facilitator agrees to inform you of these situations, if feasible.

In the unlikely event that I that I believe it is in your best interest to discuss your situation with your primary care physician, psychiatrist, other health professional or family member, I will ask you if you wish to grant this permission and you will be asked to sign a separate consent form prior to any such conversation (excluding emergencies).

If you request that I as Facilitator speak to someone about you, you will need to provide written consent to me before I will do that.



USE OF TECHNOLOGY:

You as the Client understand that the use of technology is not always secure and you accept the possible risks to confidentiality posed by using text, email, phone, Skype, Zoom or any other communication technology.

To reduce the risks to confidentiality posed by using technology, please be sure that your computer and smart phone have appropriate security measures including encryption and firewall protection. My computer and smart phone have standard levels of privacy protection.

Client and Facilitator agree that if either person wishes to record either a phone, Skype or Zoom session that the person recording must inform the person being recorded via email and again verbally before starting to record the session. Further, Client and Facilitator agree that any such agreed upon recorded session or portion of session may be used only for Client's or Facilitator's private use and not publicly disseminated on social media or otherwise without the prior written consent of the person not publishing the session or any part thereof.

TERMINATION OF THIS AGREEMENT:

Client may terminate this Agreement at any time for any reason by providing email notice to the Facilitator. Client is still responsible for any fees incurred for sessions held prior to termination. Facilitator may terminate this Agreement if Client refuses to abide by this Agreement or if Facilitator, in her sole discretion, believes that continuing as Facilitator is not in the Client's best interest. Facilitator will use her best efforts to discuss her concerns with Client prior to terminating the Agreement. Facilitator shall also provide email notice of termination of this Agreement to the Client.

GOVERNING LAW:

Client agrees that any and all disputes regarding the services provided under this Agreement are governed by the laws of the State of California and that venue shall be in Pleasanton, California.

WAIVER AND RELEASE OF LIABILITY:

Client releases, waives, acquits and forever discharges Facilitator, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages Client may claim to have arising out of acts or omissions by Client or Facilitator as a result of the services rendered under this Agreement. Client represents that no promise, inducement or agreement not expressed in this Agreement has been made to Client to sign this agreement.

Client agrees that services under this Agreement are provided "as is", without warranty of any kind, either expressed or implied, including without limitation any warranty for information services, facilitation, coaching, uninterrupted access, or products and services provided through or in connection with this Agreement Client takes full responsibility for Client's decisions, actions and non-actions as well as the consequences and results.



CONCLUSION:

I encourage you to make a commitment to yourself to do Inner Bonding® and receive facilitation and coaching for a period of time. Often difficult feelings will come up at the beginning of your work with me and you may not want to feel them. This is to be expected and is completely normal. I hope that you to allow yourself the time that it takes to learn new ways of being with yourself and engaging with your life.

Our signatures below indicate that each of us understands and intends to abide by the terms of this Agreement. Once I receive a copy of your signed Agreement, I will sign that copy and forward you a fully executed copy of this Agreement for your files. We agree that copies of signatures, whether electronic or scanned and emailed, are sufficient.

Please understand that we cannot begin working together until I have received a completed and signed copy of this Agreement and a completed Information Sheet from you.

If you have any questions, please contact me at shauna@lovingyourself.me or call me at 925-596-0035. I look forward to working with you.

Best.

Shauna Haycock

Client Signature: _____

Client Name: _____

Date of Client Signing

Agreed to:

Shauna Haycock, Facilitator

Date of Facilitator Signing