



## Health Coaching Agreement

To my client: Please review, adjust, sign, and return by fax at (706)745-0889 or by mail to my attention at this address:  
15 Earnest Drive, Suite A, Blairsville, Georgia 30512.

Agreement between Cynthia Libert, M.D., Life Wellness Center & Bookstore, L.L.C., hereinafter referred to as “Coach” and [Client] whereby Coach agrees to provide Coaching Services for Client, focusing on the following [topics/results/outcomes/goals].

The International Coaching Federation (ICF) defines coaching as follows, “Coaching is a partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the clients to maximize their personal and professional potential.”

1. I agree to the following coaching schedule and fees:

- ( ) Special Arrangement between Client and Coach as follows:

2. I understand and agree that I am fully responsible for my physical, mental, and emotional well-being during my coaching calls, including my choices and decisions.
3. I understand that “coaching” is a Professional-Client relationship designed: 1) to facilitate the creation/development of personal, professional, ministry, and/or business goals, and 2) to create and carry out a strategy/plan for achieving those goals.
4. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education, and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
5. I understand that coaching does not involve the diagnosis or treatment of mental or physical disorders. I understand that coaching is not a substitute for medical care, counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and I will not use it in place of any form of diagnosis, treatment, or therapy.
6. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.

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Cynthia Libert, M.D.  
Life Wellness Center & Bookstore, L.L.C.  
15 Earnest Drive, Suite A  
Blairsville, GA 30512  
Web: [www.caringforthebody.org](http://www.caringforthebody.org)  
Business Phone: 706-745-0200



7. I agree to communicate honestly, be open to feedback and assistance, and create time and energy to participate fully in the program.
8. I understand that my information will be held as confidential unless I state otherwise, in writing, except as required by law.
9. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
10. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and my actions regarding them are my sole responsibility.
11. I understand the Coach is responsible for setting clear, appropriate, and culturally sensitive boundaries that govern my contact with her. I agree to abide by the boundaries set by my coach.
12. I understand my Coach may refer me to another coach, resource, or mental health professional when she deems it necessary or appropriate.
13. I agree to notify my Coach 48 hours in advanced of cancellations to scheduled calls or meetings. Coach reserves the right to bill Client for missed appointment. Coach will also attempt in good faith to reschedule the missed meeting.
14. I understand my Coach agrees to honor the International Coach Federation [Code of Ethics](#) regarding professional conduct, confidentiality, and conflicts of interest.
15. I understand the Coach accepts payment by Visa and MasterCard. Credit cards are run one to three days before or after the first of each month.
16. I am aware that my Coach or I can choose to discontinue coaching at any time with written notice.

**Limited Liability:** Except as expressly provided in this agreement, the Coach makes no guarantees or warranties, express or implied. In no event will the Coach be liable to the Client for consequential or special damages. Notwithstanding any damages that the Client may incur, the Coach's entire liability under this agreement, and the Client's exclusive remedy, will be limited to the amount paid by the Client to the Coach



under this agreement for all services rendered up until the termination date.

This is the entire agreement of the parties, and reflects a complete understanding of the parties with respect to the subject matter. This agreement supersedes all prior written and oral representations.

I have read and agree to the above.

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Client Signature

Date:

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*Cynthia Libert, M.D.  
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