

Linda C. Sanicola, Ph.D.
*Clinical Psychology * Personal Coaching*
714.814.5534 DrSanicola.com PSY8896

Personal Coaching Agreement

Please read the following agreement carefully and indicate your understanding by signing below. If you have questions, please consult with Dr. Sanicola prior to signing.

1. I understand that life coaching is based around a relationship with a life coach that is designed to facilitate the establishment of long term goals and short term objectives and the achievement of those goals.
2. I understand the role of the life coach is to assist me with improving the quality of my life.
3. I understand that life coaching is comprehensive in that it deals with almost all areas of my life, including work, finances, health, education, relationships, and spiritual issues. I acknowledge that deciding on how to handle these issues and implementing my decisions remains my exclusive responsibility.
4. I understand that life coaching is for people who are already basically successful, well adjusted and emotionally healthy.
5. I understand that the confidentiality in the life coaching relationship is limited. Specifically, confidentiality will **not** apply to certain crimes that have been committed or are planning to be committed. Such crimes (e.g. child abuse) may need to be reported to legal authorities.
6. I understand that life coaching does not treat mental disorders as defined in the DSM. If I have anything in my past indicating that I have an unresolved and serious emotional or physical problem, or a mental disorder, I certify that I am not using life coaching as a substitute for assistance from a mental health professional or a medical doctor.
7. I will not use life coaching as a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment. If I am currently in therapy or under the care of a mental health professional, I will have consulted with that person regarding the advisability of my working with a life coach. I will inform my coach of this relationship.
8. If issues arise that indicate the need for counseling, psychotherapy, mental health care or substance abuse treatment, I agree to seek such **outside of the personal coaching relationship with Dr. Sanicola. Ethical guidelines prevent conducting both types of relationships with one person.**
9. I will not use life coaching in lieu of professional medical advice, legal counsel, accounting assistance, business consultation, or spiritual guidance, and for each of these areas I understand I should consult the appropriate professionals. I acknowledge that I will not use life coaching as a substitute for such professional guidance. I further acknowledge that all decisions on dealing with these issues life exclusively with me.
10. I agree to complete regular evaluations of the life coaching process and notify my coach immediately of any concerns.

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Signature: _____

Date: _____

Name (print): _____

Copy received: _____

Coach's initials: *LS* _____