

Foojan Zeine, Psy.D.

Business & Life Coaching

Informed Consent for Coaching

Date: _____

Client Name _____ **Birthday** __/__/__

Spouse Name _____ **Birthday** __/__/__

Address _____ **City** _____ **CA, Zip** _____

Phone: H _____ W _____ B _____ Cel _____

In case of emergency contact _____ **Relation** _____ **Tel** _____

Credit Card # _____ **Exp.** _____ **Vcode** _____

All information will be treated as **confidential** except: a) report of child or elder abuse, b) report of intent to harm self or other, c) collection of fees.

Sessions are fifty minutes, at scheduled time. **Rescheduling must be done 24 hours in advance, or you will be charged for the missed session.** If you are late, I will stay 15 min. before assuming you are not coming. Please wait 15 min. before assuming that I am not coming. If due to an emergency and without prior notice I am not at the session, there will be no charge for that session or the following one.

The agreed upon **FEE** is **\$150.00** for 50 minutes Telephone/ Personal coaching. Payments can be made in cash, or Credit Card. Payment in full is expected at end of each session. There will be a \$10 charge for the first check returned. If more checks are returned, subsequent payments must be in cash. I agree that I am fully responsible for the payment of my coaching sessions.

If immediate attention is needed please call Foojan Zeine at **818-648-2140**. In case of emergency please call 911.

Thank you for reading this carefully. If there are questions about these policies, please voice them at the beginning of any session so that our therapeutic relationship can support the changes you want to make in your life.

I consent to have Dr. Foojan Zeine as my coach. I have read and understood these policies:

Signature

Date