



INFORMED CONSENT

I have chosen the services of The Recovery Coach, LLC to provide _____ hours of recovery coaching per week until services are no longer needed, as agreed on by both Parties. I understand that for all legal and regulatory purposes, the services I am provided will be provided in the State of Georgia and the United States. I understand that I must provide at least 30 days' written notice when cancelling services from The Recovery Coach.

I hereby certify that I am of legal age of consent according to the laws of my resident state, province or country, which means I am 18 years of age or older. I understand confidentiality is important to both the Professional and the Client. I will keep confident all sessions regardless of the mode of services provided, whether they be by phone, in person, or over the Internet.

A. All Professionals from The Recovery Coach will keep all issues discussed confidential. I understand that the only appropriate breach of confidentiality is when my Professional Recovery Coach, _____, believes that I may intend to harm or seriously injure myself or other individuals, and items included in section B, C and D.

B. Should I be involved in child abuse, child neglect, spouse abuse or elder abuse, or abuse of a physically or mentally disabled person. I also understand should I display suicidal ideations and/or a plan.

C. Any communication over the Internet or telephone cannot be guaranteed to be HIPAA protected.

D. I understand that I cannot arrive at appointments with the possession of anything illegal, including weapons, illicit drugs, contraband of any kind, and liquor, and that I must not be intoxicated, threatening, violent or disrespectful. If I have any active warrants I am to immediately make that known.

Client's Signature _____

Date _____

Professional's Signature _____

Date _____