

## **Bastyr Informed Consent to Coaching Services**

Welcome to Wellness Coaching Services at the Bastyr Center for Natural Health in Washington (BCNH) or the Bastyr University Clinic in California (BUC). BCNH/BUC is a teaching facility. Our teaching clinic has students studying at Bastyr University and integrates a number of medical treatment modalities. Our teaching clinic at BCNH/BUC uses a 'Team Care' approach where faculty supervisors and student clinicians work as a team to address your health and wellness concerns. Student clinicians, depending on their levels of experience, may observe or participate in the care provided but are always supervised by healthcare providers licensed in the State of Washington (BCNH) or the State of California (BUC). Other health services offered at BCNH/BUC include: East Asian Medicine, Naturopathic Medicine, Physical Medicine, Homeopathy, Psychological Counseling and Nutritional Counseling.

The type and extent of services that you will receive will be determined following an initial assessment and thorough discussion with you. The goal of the assessment process is to determine the best plan of action for your unique needs. If it is decided that BCNH/BUC is the most appropriate provider to meet your needs, wellness coaching is typically provided over the course of 4-10 weeks. Please note that wellness coaching sessions are only available during the Spring and Summer Quarters (April – September). Sessions are 45 minutes in length and generally meetings will occur once per week via Zoom. Please make an effort to arrive on time to your meeting. If you are late to a meeting, you may be provided services for the remainder of the scheduled time. If you will not be able to make your appointment, please call BCNH/BUC and cancel your appointment at the earliest convenience, and no less than 24-hours prior to the scheduled visit.

You understand that all information shared with the coaches at BCNH/BUC is confidential and no information will be released without your consent. During the course of coaching at BCNH/BUC, it may be necessary for your coach to communicate with other providers at BCNH/BUC. Your coach will discuss any communications that may be necessary with other providers at BCNH/BUC, and you agree that these can occur without additional signed release. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. You further understand that there are specific and limited exceptions to this confidentiality which include the following:

When there is risk of imminent danger to yourself or to another person, or concerns of grave disability, the coach will take necessary steps to prevent such danger. When there is suspicion that a child, dependent adult, or elder is being neglected, sexually, physically, or financially abused, or is at risk of such abuse, the coach will take steps to protect that individual, and to inform the proper authorities.

You understand that coaching sessions at BCNH/BUC are delivered by student clinicians who are supervised by licensed mental health professionals. You will be provided with the name of the supervisor overseeing your care during your first session. You also understand that each session may be observed by your coach's supervisor and coaching team via a live video and audio feed on Zoom. No recording of your sessions will be made without additional signed consent.

Emergency Procedure

If you are experiencing a life-threatening emergency, such as suicidal thoughts or a medical emergency, please call 911 or go to your nearest emergency room. You can also access the National Suicide Prevention Lifeline at 1-800-273-8255. Additionally, in California you can contact the San Diego Access and Crisis Line at 888-724-7240 and in Washington you can contact the King County Crisis Line at 1-866-427-4747.

Wellness Coaching Services

Wellness coaching is a relationship you have with your coach that is designed to facilitate the creation of personal, professional, or business goals and to develop and carry out a strategy/plan for achieving those goals. Coaching is not advice, therapy, or counseling. It may involve any areas of your life that you choose to develop, including work, finances, health, relationships, education, and recreation. You acknowledge that deciding how to handle these issues and implement your choices is exclusively your responsibility. Coaching does not treat mental disorders as defined by the American Psychiatric Association. You understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and you will not use it in place of any form of therapy. If you are in therapy or otherwise under the care of a mental health professional, you have consulted with this person regarding the advisability of working with a coach and they are aware of your decision to proceed with the coaching relationship. You understand that feelings are a normal and healthy part of being human and that through a coaching relationship, awareness and curiosity will be brought to your feelings so that you can make more informed choices and move into your desired action. You understand that coaching does not deal with the psychological antecedent to emotions, which is the realm of therapy.

You understand that BCNH/BUC will keep your name, contact information, and the dates of your wellness coaching appointments in an electronic health record. In addition, your coach will maintain a record during your coaching relationship which includes information about reasons for seeking coaching, goals, and progress toward those goals.

Agreement

You are eighteen years or older and have read this statement, had sufficient time to be sure that you considered it carefully, asked any questions that you needed to, and understand it. You understand the limits to confidentiality. You understand your rights and responsibilities as a client, and your coach’s responsibilities as well. You agree to undertake coaching at BCNH/BUC. You know you can end coaching at any time you wish and that you can refuse any requests or suggestions made by your coach.

\_\_\_\_\_  
Client Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Email Address