

# Welcome To Nurse Coaching!

Welcome to Power and Perception Health and Wellness Nurse Coaching! I am thrilled to join forces with you to enhance your health and wellness journey. It's an honor to collaborate with you on this journey towards a better quality of life. While prioritizing your physical health is crucial, coaching is about so much more than that. Together, we'll explore and nurture every dimension of your being, including your mind, body, spirit, emotions, environment, values, and purpose so that you can start living your best life.

Throughout the nurse coaching process, we will join forces to improve your health and elevate your overall wellbeing. We will explore what is truly important to you, acknowledge your talents, draw on your strengths, create goals that inspire you, break down resistance to change, and commit to action that will propel you forward.

My role is to help you see what you cannot see on your own; to elicit focus, clarity, and a new perspective so that you can reach an optimal state of health. We'll take an honest look at where you are right now, where you want to go, and create a plan for how to get you there.

**On the next few pages, you will find a Nurse Coaching Agreement and HIPAA disclosure. Please sign where indicated (or have your legal guardian sign if you are under 18), and return this document to me prior to our first session!**

Once this is taken care of, we can focus on our work together and I can serve you to become your happiest, healthiest, and most fulfilled self.

# NURSE COACHING AGREEMENT

This Nurse Coaching Agreement (this "Agreement") is between me, the Nurse Coach (the "Nurse", "me", or "I"), and you, (the "Client" or "you") whose names appear in the signature line. The Client and Nurse are referred to as the "Parties" (or "our," "we").

This Agreement is Effective as of the date signed and will continue until the time (hours) that were paid for nurse coaching have been provided.

## 1. Nurse Coaching:

You acknowledge that I am a nurse coach and that this Agreement allows me to practice as such. I will provide you with holistic nurse coaching, which will involve direct and personal conversations conducted via scheduled face-to-face, video, or phone appointments. This may include, but is not limited to, one or more of the following: Creation/development of personal, professional, emotional, spiritual, mental, physical, and lifestyle goals; designing and carrying out a strategy/plan for achieving those goals; identifying and addressing specific personal struggles, business issues, or general physiological conditions; value clarification, brainstorming, identifying plans of action, examining modes of operation in life, asking clarifying questions, and making empowering requests or suggestions for action (collectively, "Nurse Coaching").

## 2. Testimonial Request:

As a recipient of my nurse coaching care, you will be asked if you would like to submit a written testimonial that I could share with the public to help grow my practice.

\_\_\_ You do give permission for me to use your testimonial for my marketing purposes; or

\_\_\_ You do not give permission for me to use your testimonial for my marketing purposes.

If you do, you will submit, in writing, how you want your name to appear, any links to social media accounts, and whether you permit me to associate a picture of you with your testimonial.

## 3. Client Obligations:

Nurse coaching is a collaborative process. In order for it to be successful, you acknowledge that you:

- Must be punctual, present, and undistracted during the coaching sessions. This is not something you can do while multitasking;
- Must invest time and energy in the nurse coaching sessions to gain benefit;
- Must independently complete reflections and assignments and provide your full attention and energy to these assignments, as they are a valuable part of the nurse coaching process; and
- May choose to disclose details of your past or present psychological, psychiatric, and/or medical history or treatment.

#### **4. Session Scheduling:**

The nurse coaching sessions will be scheduled in advance at mutually agreed upon dates and times, scheduled via the Power and Perception Google Calendar or by contacting Power and Perception Health and Wellness Nurse Coaching. The first paid session, when possible, will be **two** hours long. If you have purchased the 8 week program, the remaining sessions will be **one to two** hours long. I reserve the right to cancel and reschedule coaching sessions as needed and will provide as much notice to you as possible. If you need to reschedule, please give me at as much notice in advance as possible.

#### **5. Recording Consent:**

You consent to allowing me to record *via writing* during all nurse coaching sessions. *Unless indicated otherwise below*, you also give me permission to record our sessions via video and/or audio, for learning purposes. These recordings will be used solely for internal reflection to allow me to review and improve my nurse coaching skills. The recordings will not be shared with any third-party and will be deleted within a reasonable time.

☐ You do give permission to have coaching sessions recorded for training purposes; or

☐ You do not give permission to have coaching sessions recorded for training purposes.

#### **6. No Guarantee of Results:**

Because each client is unique, you acknowledge that I cannot promise results. I cannot force you to take action. While I am in the role of a facilitator of change, it is your responsibility to enact or bring about the change. Coaching results are not guaranteed. You enter into coaching with the understanding that you are responsible for creating your own results, health, and wellbeing.

#### **7. Nature of the Relationship:**

You are aware that the nurse coaching relationship is in no way to be construed as psychological counseling or psychotherapy. In the event that you feel the need for professional counseling or therapy, it is your responsibility to seek a licensed professional. As part of my training, you are working with me on a volunteer basis for the purpose of creating a structure to identify and achieve your health and wellness goals.

#### **8. Confidentiality:**

You agree to the attached Confidentiality and HIPAA Disclosure Consent.

#### **9. Release of Liability:**

You acknowledge that nurse coaching is not provided in lieu of other professional medical services. You agree that utilizing nurse coaching is entirely at your own risk. Any actions or lack of actions, taken by you based on such advice is done so solely by choice and is neither the responsibility nor liability of me. You take full responsibility in the decisions you make after being coached, as well as the consequences. You are fully responsible for your physical, mental, and emotional wellbeing during the nurse coaching sessions and for the duration of your nurse coaching relationship.

You acknowledge that you are voluntarily participating in the nurse coaching services despite knowledge of the dangers and risks involved.

- *You agree to accept and assume any and all risks of injury, death, or property damage, whether caused by the negligence of the Nurse Coach*
- *You expressly waive and release any and all claims, now or later known, against me, or contractors arising out of or attributable to the nurse coaching.*

*By signing below, you acknowledge that you have carefully read both pages of this document and understand them. You acknowledge that you are voluntarily giving up substantial legal rights, including the right to sue the Nurse. Even so, you are signing this document willingly and voluntarily.*

**Nurse Coach** \_\_\_\_\_  
Printed Name Signature Date

**Client** \_\_\_\_\_  
Printed Name Signature Date

**IF CLIENT IS UNDER EIGHTEEN (18):**

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I consent to the terms and conditions of this Release.

**Client's Legal Guardian** \_\_\_\_\_  
Printed Name Signature Date

**Name of Minor** who you are signing for \_\_\_\_\_

# Confidentiality and HIPAA Consent

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Confidentiality and HIPAA Consent (this “Consent”) is entered into in conjunction with the Nurse Coaching Services Agreement (the “Agreement”) between me, the Nurse Coach (the “Nurse,” “I,” “me”), and you, the client whose names appear in the signature line (the “Client,” “you,” “your”). The Client and Nurse are referred to as the “Parties” (or “our,” “we”).

**In Essence:** I recognize that in the course of our work together, you may disclose the following: future plans, health information, financial information, job information, goals, personal information, and other proprietary information. I will ***not at any time***, either directly or indirectly, use any information for my own personal benefit. I will never disclose, or communicate in any manner, any of your information to any third party. If need be, for the sake of discussing our nurse coaching conversations with my faculty and peers, I will limit your identifying information to gender, age, and initials only. Furthermore, I will not divulge that you and I are in a coaching relationship without your permission. I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will inform legal authorities so that protective measures can be taken.

**Confidentiality:** Any information you disclose to me in connection with nurse coaching (as defined in the Agreement) will be kept strictly confidential in accordance with professional nursing requirements, subject to the following terms and conditions.

**HIPAA Notice of Privacy Practices:** HIPAA requires me to safeguard your protected health information (PHI) which includes any information that could reasonably identify you, including data about health conditions and the Coaching Services. Under HIPAA, I may use and disclose your PHI for the following reasons:

**Treatment:** To coordinate care, and with your signed consent, I may disclose your PHI to physicians, psychiatrists, psychologists and other licensed health care providers who are involved with your care.

**Operation:** For efficient operations, I may disclose your PHI; for example, to evaluate my performance, to make sure I am in compliance with applicable laws, for appointment reminders and health related benefits or services.

**Obligatory Disclosures:** Nurses are listed in most, if not all, mandatory reporting statutes. Statutes include child abuse and neglect reporting statutes, medical neglect of children and the elderly, elder abuse in the community or in nursing homes, and domestic violence. The nurse may disclose PHI in certain legally required circumstances.

**Additional, Optional Disclosures:** By signing this Confidentiality and HIPAA Disclosure Agreement, you consent to the following additional disclosures:

**Marketing Purposes:** For marketing purposes, with your consent, I may use and publish any testimonials, reviews, quotes, or other communications regarding the nurse coaching made by you. I will not share any details related to your health besides the fact that you engaged with a nurse coach.

**Communication Platform:** You and I may communicate between a variety of communication platforms including, phone, video, or e-mail. *These platforms may not be secure or HIPAA compliant.* You consent to using non-HIPAA compliant platforms for our communications.

**Revocation of Written Authorization:** By signing below, you agree to the above authorizations. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing to stop any future disclosures.

**Copies:** You have the right to see and get copies of your PHI. You may request your information in writing and I will respond within 30 days. If I must deny your request, I will give you the reasons for the denial in writing. You are entitled to a list of the disclosures of your PHI that I have made upon 60 days' notice. This will not include disclosures that you have authorized.

**Amendments:** If you believe there is an error in your PHI, you have the right to request that I correct information or add missing information. Your request for this amendment must be made in writing and I must respond within 60 days. I can deny your request if I find that the PHI is complete and correct or may not be disclosed. My written denial must explain the reasons for the denial and your right to file a written objection. If you do not file a written objection, you will still have the right to ask that your request and my denial be attached to any future disclosures. If I agree to make changes to your PHI, I will also advise all others who need to know that the changes have been made.

**Complaints:** If you feel I have violated your privacy rights or if you object to a decision I have made about access to your PHI, you are entitled to file a complaint. First and foremost, notify me directly if you feel I have violated your rights. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775. I will not retaliate against you for filing a complaint.

**Nurse Coach** \_\_\_\_\_  
Printed Name Signature Date

**Client** \_\_\_\_\_  
Printed Name Signature Date

**IF CLIENT IS UNDER EIGHTEEN (18):**

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I consent to the terms and conditions of this Release.

**Client's Legal Guardian** \_\_\_\_\_  
Printed Name Signature Date

**Name of Minor** who you are signing for \_\_\_\_\_