

CLIENT REGISTRATION
Life Coaching
Susan Pazak, PhD
30131 Town Center Drive, #280, Laguna Niguel, CA 92677

NAME/CLIENT _____

AGE _____ DOB _____ GENDER M / F MARITAL STATUS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Phone Contact# _____

E-mail address _____

I give permission to leave message or text message at this number, check box if okay.

NAME/SPOUSE _____

AGE _____ DOB _____ GENDER M / F

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Phone Contact # _____

I give permission to leave message or text message at this number, check box if okay.

PARENT/GUARDIAN or Financially Responsible Party (for children 18 years and under)

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

FEES/PAYMENT:

I agree that I am responsible for payment of all scheduled services.

Payment for services rendered to a minor is considered responsibility of the parent(s) that has requested treatment.

LIFE COACHING FEES

\$250 Life coaching 45 minute session

Custom packages pricing available upon request

My signature represents my informed consent for treatment and acknowledges my responsibility for payment of services.

Signed/Client: _____ **Date:** _____

Signed/Client: _____ **Date:** _____

CLIENT AGREEMENT / INFORMED CONSENT

**Life Coaching
Susan Pazak, PhD**

CONFIDENTIALITY

Please read the following carefully. If you have any questions please do not hesitate to discuss.

I understand that my appointment, and the contents shared during that time are held in confidence. This includes all file notes, personal information provided, and data collected. **NO** disclosures will be made without my permission.

I acknowledge that California state laws limits confidentiality and mandates reporting to authorities in the following circumstances:

- 1) Incidence that involve child or elder abuse. Including neglect, sexual abuse, emotional abuse and/or psychological abuse.
- 2) Disclosures of intent to take harmful, dangerous, or criminal action against another person or against myself.

APPOINTMENTS/SESSIONS

The client/therapist relationship is established and maintained by mutual TRUST and RESPECT.

The majority of individuals who obtain therapy benefit from the process. Success may vary depending on the particular problems being addressed. Therapy requires a very active effort on your part. Self-exploration, gaining understanding, finding ways for dealing with problems and learning new skills are generally quite useful. Some risks do exist, however.

While the benefits of life coaching sessions are well known, you may experience unwanted feelings such as unhappiness, anger, guilt or frustration. These are a natural part of the process and often provide the basis for change. Important personal decisions are often a result of the proces. These decisions, including changing behavior, exploring employment options, substance abuse patterns, schooling or relationships, are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed quite negatively by another family member. There are no guarantees although commitment to the life coaching process should assist in a helpful, desired outcome.

As your life coach I commit to provide you professional services within my scope of practice. If at any time I determine that another professional might better serve you, I commit to make the necessary referrals and /or resources available to you.

As the client, I understand that Dr. Pazak does not participate in clients' legal actions such as custody suits, divorce proceedings, personal injury suites, etc. If you are considering or are involved in such actions, Dr. Pazak can refer you to a mental health professional that is experienced in legal matters.

As the client, I understand that the length of the session is limited to 45 minutes. I understand that arrangements can be made for longer sessions for family or conjoint appointments. Fees and the length of these sessions will be discussed prior to scheduling any special appointments. A telephone answering system is available 24 hours for messages or rescheduling appointments. This service is also available if a crisis should arise.

CANCELLATIONS / RESCHEDULING

I understand all appointments must be cancelled 24 hours in advance in order to avoid charges.

I am aware of my responsibility for payment in full for missed appointments or late cancellations.

Signed/Client _____

Date _____

Signed/Client: _____

Date: _____