

Guidance, Growth & Grace, LLC
MaryAnne Banich Massey
1401 1/2 Calhoun Street - Columbia, SC 29201
(P) 803-251-0300 (F) 803-569-1822

Client Information

Date: _____

Name: _____

Occupation: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Home Address: _____

City, State, Zip: _____

Which address do you prefer I use? Business _____ **Home** _____

Phone Numbers: (H) _____ **(B)** _____ **(C)** _____

At which numbers can we leave a message for you? _____

Email Address: _____

Preferred form of communication: _____

SSN: _____ **Driver's Lic. No.** _____
(including state of issue)

DOB: _____

Other Significant Dates: _____

Coaching Schedule: Day of Week _____ **Time of Day** _____

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Names of Important People and Your Relationship to them: _____

Referred By: How did you find out about my practice?

(Please be as specific as possible)

Former Client

Current Client

Professional

Word of Mouth

Internet

Other _____

Name or Website: _____

May I thank this person for the referral? _____ **YES** _____ **NO**

Emergency Contact: _____ **Relationship:** _____

Address: _____

City, State, Zip _____

Phone numbers: _____

What Influenced Your Decision to Work with a Coach?

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Have You Been Coached Previously? _____ YES _____ NO

If yes, when and where and describe the experience

Please Describe Your Specific Goals for the Coaching Relationship

Please Describe Your Significant Commitments

Please Describe What Your Perfect Life Would Look Like

Please Describe Your Dreams for Your Life

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What Dreams Have You Given Up On?

Where do You want to Focus First?

What Parts of Your Life are Working Best Now?

What Parts of Your Life are Working Least Well?

What are Your Values?

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What Stops You from having the Life You want to have?

Goals

What goals, aspirations, desires and intentions do you want to accomplish during coaching?

Business:

Personal:

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What do You want to Accomplish, Change or Create during Coaching?

Business:

Personal:

What do You Hope to Gain from this Coaching Relationship?

Other Things You want Me to Know about You:

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Informed Consent

Welcome to Guidance, Growth & Grace the office of MaryAnne Banich Massey. This document contains important information about my professional coaching services and my business policies. Please read it carefully. We can discuss any issues you might have. When you sign this document, it will represent an agreement between us.

Appointments

My hours are by appointment only, which means when you schedule an appointment with me I reserve that time on my calendar only for you. Because I reserve this time specifically for our session, I must charge for appointments late cancelled for any reason within less than a full 24-hours of your scheduled time. If you need to cancel your appointment, please do so by phone or text message.

Coaching

Coaching is a collaborative process in which there are specific goals - both short- and long-term. You will benefit more if you are an active participant by implementing the changes we discuss in your sessions as well as preparing for each session. I will be your guide on this journey of growth and change. Sometimes you might experience grief or anxiety because there is a cost to letting go of your old way of doing and being in the world. If this happens, please let me know and we will talk about it during your session/s.

Please let me know if you have questions or concerns throughout our time together.

Phone Calls

You may call, email or text between sessions if you need "spot coaching," or can't wait to share a win with me. If you choose to leave a message, please let me know if you would like a call back or if you are just sharing. I do not bill for these types of calls unless they last more than 10 minutes.

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Payment

Payment is expected at the time of your visit. If I am conducting coaching via telephone or internet, payment is expected in advance of our scheduled session.

The form of payment can be cash, check, credit card or ApplePay. I impose a surcharge on credit cards that is not greater than the cost of acceptance. All checks returned for non-sufficient funds will be subject to the charges incurred on my account in addition to the amount of the check.

You will be charged the full fee for any missed or late cancelled appointments. I reserve the right to turn over any uncollected debt to a collection agency and/or magistrate's court. If you have an outstanding balance, I reserve the right to refuse continuing our sessions until payment is received in full unless other arrangements have been made.

Any balance more than 30 days past due will incur interest charges. If a collections agency becomes involved, you will be responsible for all associated fees. By signing this document, you agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

You may choose to have a credit card on file for payment. If so, please fill out the form below.

The undersigned agrees and authorizes MaryAnne Banich Massey to charge the credit card indicated below for any account balances, which include, but are not limited to, services rendered, written correspondence, consultation with another professional or family member or business partner, fees for late cancellation and no show appointments.

Name as it appears on the credit card (*this cannot be a debit card*)

Type of credit card: _____ Zip Code: _____ Security Code: _____

Card Number: (16 digits) _____ Exp. Date: _____

I, _____ authorize MaryAnne Banich Massey, LPC of Guidance, Growth & Grace, LLC to process the above credit card as a "Signature on File" for any balances due on my account or as a responsible party of an account.

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Life Coaching Agreement

As a client, I understand and agree that I am fully responsible for my well being during my coaching calls, including my choices and decisions. I am aware that I or my coach can choose to terminate coaching at any time. I recognize that coaching is not psychotherapy and that professional referrals may be given if needed.

I understand that coaching is a relationship i have with my coach that is designed to facilitate the creative development of personal, professional or business goals and to develop and carry out a strategy for achieving those goals.

I understand that coaching is a comprehensive process that may involve all areas of my life, including but not limited to work, finances, health, relationships, parenting, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.

I understand that coaching does not treat mental illness diagnosis. I understand that coaching is not a substitute for counseling or substance abuse and I will not use it in place of any form of therapy. I agree that if I am currently in therapy or otherwise under the care of a mental health professional, I have consulted this person regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.

I understand that information will be held as confidential unless I think you are a danger to yourself or someone else.

I understand my coach will keep a confidential record of my paperwork and any notes my coach takes during our sessions. I understand my coach will not share these notes with anyone including myself.

I understand that coaching is not to be used in lieu of professional advice including legal, medical, financial. If I need a referral for these services, my coach may provide resources or ask that I find someone for that guidance. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my responsibility.

I have read and agree to the above.

Signature

Date

Please print your name

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Electronic Communication

Email offers an easy and convenient way for the therapist and client to communicate, but can also introduce unique challenges into the therapist-client relationship.

*For emergencies, consult an Emergency Room. **Do not** use email for emergencies!

*Email is not a substitute for seeing me. If you think you might need to be seen, please call and schedule an appointment. Appropriate uses of email include appointment scheduling requests and appointment reminders if you so choose.

*Emails should **not** be used to communicate medical information.

***Email is not confidential.** Be aware that if you send emails from your work, your employer has a legal right to read your email.

*Email can become a part of your file.

*Either you or I can revoke permission to use the email system at any time.

Texting also introduces some of the same challenges.

*Like email, it is not a substitute for seeing me.

*Because phones can be lost or stolen, it is imperative you do not communicate information of a sensitive nature with a text. **Text messaging is not confidential!**

*Texting may be used to request that I call you or to schedule an appointment or as an appointment reminder, if you so choose.

Social Media introduces challenges as well. It is not a way to communicate with me nor a substitute for seeing me. I will not accept social media requests from you for my personal social media accounts or send them to you.

*I have several social media accounts, which you are free to follow, but I will not communicate with you in a therapeutic nature on social media.

My social media accounts include:

***Facebook:** MaryAnne Massey at Guidance Growth & Grace;

***Instagram** at maryanne_massey,

***Twitter** at MaryAnne Massey: @drbanichmassey; and

* **Blog** at blog.guidancegrowthandgrace.com.

Please be aware that I may not read your email or text message the same day it is sent. My accounts are checked most business days, however there are times when I am out of the office or away from internet access. It may be the next business day before I am able to get back with you. Also, please be aware, my office manager usually reads my emails and text messages before I see them.

If you choose to cancel your appointment by email, you must give a full 48 hours notice - otherwise you may be charged regardless of the reason. If you choose to use text messaging or a phone call to cancel your appointment, you must give a full 24 hours notice - otherwise you may be charged regardless of the reason.

While we make every effort to send reminders, you are responsible for your appointment date and time (even if reminder has incorrect date and time). If you suspect a discrepancy, please call the office to verify.

Disclaimer: Email and text messaging are NOT secure and I cannot guarantee confidentiality. I am not using an encrypted email or text messaging service. If you want to ensure that our communications are confidential, please call my office at 803-251-0300.

Please initial the appropriate lines:

_____ I have read the above information and understand the limitations and liabilities of electronic communication.

_____ It is permissible for Dr. Massey to contact me via email.

_____ It is NOT permissible for Dr. Massey to contact me via email.

_____ It is permissible for Dr. Massey to contact me via text.

_____ It is NOT permissible for Dr. Massey to contact me via text.

If you choose to use email and/or text messaging, please provide the following:

Email Address: _____

Cell Phone: _____

Print Name: _____

Signature: _____ Date: _____