

**COACHING & CONSULTATION SOLUTIONS, LLC**  
**LANA AMAWI, MSSA, CEC**

**COACHING SERVICE AGREEMENT (2 pgs)**  
**RELATIONSHIP PROGRAM**

**Parties**

This Coaching Agreement ("Agreement") is entered into as of [Effective Date] by and between **COACHING & CONSULTATION SOLUTIONS, LLC / LANA AMAWI, MSSA, CEC** ("Coach") and [Client's Name] \_\_\_\_\_ collectively referred to as the "Parties".

**Purpose of Agreement**

The purpose of this Agreement is to establish a professional coaching relationship, in which the *Coach* will support the *Client* in developing professional and personal goals and strategies as it relates to being a part of the medical and/or dental community.

**Scope of Services for Relationship Program**

- **2 sessions/month and text support.** Sessions will occur as agreed upon both parties and each sessions time duration will be agreed upon by both parties, however not to exceed 60 minutes unless previously agreed by both parties. Additional 60 min. sessions are available\*
- The Coach will provide coaching through in-person, online and electronic support agreed to by both Parties.
- Additional materials, email support, or resources may be provided when necessary.

**Term**

This Agreement shall commence on date signed below and remain in effect until sessions have expired. Renewal is permitted only with written mutual consent and renewal of contract.

**Coach's Responsibilities**

- Provide a supportive and safe environment for coaching
- Encourage accountability and self-reflection
- Maintain client confidentiality within legal limits
- Be available for agreed session times and provide reasonable support between sessions, as needed.

**Client's Responsibilities**

- Attend scheduled sessions punctually
- Participate actively and complete agreed-upon actions
- Be open to feedback and self-reflection
- Notify Coach promptly of any scheduling changes or concerns

**Confidentiality**

All information shared by the Client within coaching sessions will be kept confidential, except in cases where disclosure is required by law or the Client provides explicit written consent.

## **Fees and Payment Terms**

**Relationship program is a 3-month minimum commitment for \$399/month or one-time payment of \$1080** via debit/credit card, health savings account. \*Additional 60 min. sessions are \$165. Funds can be drawn on the 15<sup>th</sup> or 31<sup>st</sup> of the month. The Coach will contact the client if a card has expired and the Client will have 24 hours to provide a new card number. ***Failure to remit or non-payment will be considered a default under the terms and conditions and may result in legal action and/or contract termination.***

## **Cancellation and Rescheduling Policy**

Cancellations or rescheduling must be requested at the earliest time possible. It is understood that in the medical and dental community that patient's safety and treatment come first. Please utilize professional courtesy when these situations occur.

## **Limited Liability and Disclaimer**

The Coach does not provide medical, legal, or financial advice. The Client is responsible for their actions and decisions made during, or as a result of coaching. Liability is limited according to the laws of state and the terms provided by the International Coaching Federation (ICF).

## **Termination**

Either party may terminate this Agreement within 72 hours or 3 business days from the last withdrawal, either the 3rd or the 18<sup>th</sup> of the month. The Coach has the right to immediately terminate if the Client disrespects through verbal language or behavior which includes but not limited to: inappropriate gesturing or harassment and/or tardiness past 10 mins past appointment time (without prior knowledge).

## **Signatures**

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Coach: \_\_\_\_\_