



Tele &Text: 479.225.1111
24 W. Sunbridge Dr.
Fayetteville, AR 72703
www.sellfaware101.com
nancy@selfaware101.com

Know Your Story...Change Your Story!™

Nancy Kay L.P.C., C.P.C., R.N.

**Licensed Professional Counselor
Certified Professional Coach**

Welcome to **SelfAware101™ Coaching**. Below are a few guidelines that help maintain a working relationship. If you have any questions, please don't hesitate to call me.

AGREEMENT:

1. 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 can choose to discontinue coaching at any time. I recognize that coaching is not psychotherapy and that professional referrals will be given if needed.
2. I understand that "professional coaching" is a relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with this person regarding the advisability of working with a life coach and that this person is aware of my decision to proceed with the life coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that professional coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual or other matters. 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.
8. I understand Nancy S. Kay is a Professional Coach and an International Coaching Federation member and she will adhere to the ICF Code of Ethics <http://www.coachfederation.org>

PROTOCOL

- **FEE:** Clients pay me on time unless prior arrangements have been made.
- **PROCEDURE:** My clients call on time. If using a Prep Sheet please email it to me prior to our session. Your prep sheet includes: updates, progress and current challenges. Let me know what you want to work on and be ready to be coached.
- **CALLS:** Our agreement includes a set amount of calls. If you or I are on vacation, we spend more time before you/I leave and after you/I return. Client pays for any long-distance fees if any.
- **CHANGES:** My clients give me 24 hours' notice if they have to cancel or reschedule a call. If you have an emergency, we will work around it. Otherwise, a missed call is not made up.
- **PROBLEMS:** I want you to be satisfied with our relationship. If I ever say or do something that upsets you or doesn't feel right, please bring it up. I promise to do what is necessary to have you be satisfied.
- **A MUST:** It is necessary for the client to implement the coaching that is given to feel that coaching is a success. You have hired a coach to do things differently than you ever have before. If you choose to not use the coaching and keep doing what you have always done, you will get the results you have always gotten.

COACHING & PSYCHOTHERAPY

- In addition to being a professional coach, I am also a Licensed Professional Counselor in Colorado and Arkansas with training and experience in diagnosing and treating emotional problems. While there are some similarities between coaching and psychotherapy, they are very different activities and it is important that you understand the differences between them. Psychotherapy is a health care service and is usually reimbursable through health insurance policies. This is not true for coaching. Both coaching and psychotherapy utilize knowledge of human behavior, motivation and behavioral change and interactive counseling techniques. The major differences are in the goals, focus and level of professional responsibility.
- The focus of coaching is development and implementation of strategies to reach client identified goals of enhanced performance and personal satisfaction. Coaching may address specific personal projects, life balance, job performance and satisfaction or general conditions in the client's life business or profession. Coaching utilizes personal strategic planning, values clarification, brainstorming, motivational counseling and other counseling techniques.

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- The relationship between the coach and client is specifically designed to avoid the power differentials that occur sometimes in the psychotherapy relation. The client sets the agenda and the success of the enterprise depends on the client's willingness to take risks and try new approaches. The relationship is designed to be more direct and challenging. You can count on your coach to be honest and straightforward, asking powerful questions and using challenging techniques to move you forward. You are expected to evaluate progress and when coaching is not working as you wish, you should immediately inform me so we can both take steps to correct the problem.
- If either of us recognizes that you have a problem that would benefit from psychotherapeutic intervention; I will refer you to appropriate resources. In some situations, I may insist that you initiate psychotherapy and that I have access to your psychotherapist as a condition of my continuing as your coach.

CONFIDENTIALITY

- As a Professional Coach and a Licensed Professional Counselor, I am ethically and legally bound to protect the confidentiality of our communications. I will only release information about our work to others with your written permission or if I am ordered to do so by a court order. There are some situations in which I am legally obligated to breach confidentiality in order to protect others from harm. If I have information that indicates that a child or elderly or disabled person is being abused, I must report that to the appropriate state agency. If a client is an imminent risk to him/her self or makes threats of imminent violence against another, I am required to take protective actions. These situations are quite rare in coaching practices. If such a situation occurs in our relationship, I will make every effort to discuss it with you before taking any action.
- Though it is difficult I will take necessary precautions to protect the confidentiality of information which is transmitted electronically.
- (If applicable) Some sessions are conducted in a group format. By signing this AGREEMENT, you commit yourself to maintaining the confidentiality of all of information communicated to you by other coaching clients and by your coach.

I will strive to provide you with the best possible care. To help me meet your needs, please fill out this form completely. If you have any questions or need assistance, please ask.

Client's Full Name: _____ Today's Date: _____

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Who referred you? _____

What is the reason for your seeking coaching?

What do you hope to accomplish from coaching?

List all previous therapy and coaching experiences: _____

Are you currently seeing anyone for therapy or coaching? Yes _____ No _____ If yes, whom:

Health Status:

Do you have any physical health concerns: No _____ Yes _____ If yes, please list:

List any medication you currently are taking:

Responsible Party Information:

Name (if different from the client information): _____

Street Address: _____ City: _____

State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____

If the Client is a minor:

I certify that I have the legal right to seek treatment, and do authorize Nancy S.

Kay L.P.C. to provide treatment to the above registered Client. I also understand, as the parent authorizing treatment, I am responsible for payment of services provided. **For Clients over 16 years of**

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age: I authorize Nancy S. Kay L.P.C. to release schedule and billing information to the Responsible Party listed above.

INFORMED CONSENT ADDENDUM FOR ONLINE THERAPY

This form is designed to allow you to give informed consent for the use of video technology for online therapy. Read it thoroughly for understanding and ensure all of your questions are answered before signing to give consent.

This is to be used in conjunction with, but does not replace, the Informed Consent document that is required of all clients prior to starting therapy services.

I understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to call my therapist back at: 479-225-1111.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law

PAYMENT:

FEE: _____ for session DURATION: _____

*Payment accepted: Cash, Check or Credit Card. (you may pay via my website using PayPal at <https://selfaware101.com/product/1-on-1-personal-coaching/>)

* All fees are to be paid prior to service

* Additional Understandings: If extra assessments are taken. Client will be charged a fee for the administration of any assessment tool.



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Consent:

I voluntarily agree to receive online therapy services for an assessment, continued care, treatment, or other services and authorize Nancy Kay to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Nancy Kay at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature

Parent, Guardian or Legal Representative Signature
(if minor or needed otherwise)

***Please complete and email this contract back to me at nancy@selfaware101.com prior to your first session.**

I look forward to working with you!

Nancy

Please provide the following information and answer the questions below. Please note that the information you provide here is protected as confidential information.

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street and Number City State Zip Code

(if minor, please complete)

NAME OF PARENT(S)/GUARDIAN(S): _____
Last First

CONTACT INFORMATION:

HOME PHONE: _____ *May I leave a message?* yes no

CELL PHONE: _____ *May I leave a message?* yes no

WORK PHONE: _____ *May I leave a message?* yes no

E-MAIL ADDRESS: _____

Please note that email correspondence is not considered to be a confidential means of communication.

DATE OF BIRTH: _____ **AGE:** _____ **GENDER:** Female Male

MARITAL STATUS:

Never Married Married Domestic Partner Separated Divorced Widowed

PLEASE LIST ANY CHILDREN AND THEIR AGE (S):

OTHER HEALTH/SERVICE PROVIDERS *(e.g. Primary Care Physician, Psychiatrist, etc.):*

NAME: _____ PROVIDER ROLE: _____

PHONE: _____

NAME: _____ PROVIDER ROLE: _____

PHONE: _____

EMERGENCY CONTACT (S):

NAME: _____ RELATIONSHIP to PATIENT: _____

ADDRESS: _____ PHONE: _____

REFERRED BY: _____ **PHONE:** _____



To keep your information private and confidential –please complete this form:

Call - Number: _____

Text - Cell Number: _____

Email: _____

Preferred method of contact: ___ Text / ___ Email / ___ Call

Please Circle:

Is it ok to text you for changes in appointments and similar issues? _____

Name (print): _____

Signature: _____

Date: _____

COACHING & PSYCHOTHERAPY

I know it's a big step to start your journey in counseling or coaching and I want to make sure you get the service that is right for you.

What is Coaching?

Coaching is useful for individuals, couples, and organizations who are experiencing difficult situations, are dissatisfied, or are eager to change and grow. The focus of coaching is developing and implementing strategies to enhanced professional and personal satisfaction.

Personal and Business Coaching:

- Increase motivation and intentional living
- Achieve more satisfactions in your life, relationships, or job
- Make healthy transitions in life and business
- Handle life's stresses more productively
- Achieve increased clarity of goals and desired personal growth
- Live a more enriched, fulfilled life
- Increase your Emotional Intelligence or the Emotional Intelligence of your organization.

Relationship Coaching:

All relationships (couple, child-parent, sibling, friends, employee-employer) can benefit from a direction and assistance.

- Promote healthy communication
- Learn ways to handle conflict
- Increase connection
- Decreases unhealthy dependency and enmeshment
- Work through areas that need the power of forgiveness

What is Psychotherapy/Counseling?

Psychotherapy/Counseling addresses a problem area that requires a solution or healing. It typically addresses areas of more chronic struggles pertaining to the past or acute trauma or loss. It utilizes the knowledge of human behavior, behavioral change, and interactive counseling techniques. Psychotherapy is a healthcare service and can be reimbursable through health insurance policies.

Counseling may be right for you if you:

- Feel sad, hopeless, and helpless to change your life or a situation
- Have difficulty sleeping, eating, or concentrating
- Experience compulsive behaviors such as spending, sex, or eating disorders
- Feel persistent anger, resentment, or bitterness
- Experience panic attacks

- Suffer from intrusive thoughts
- Have highly distressed relationships

Areas of Specialty:

- Anxiety
- Complex Couples Issues
- Family and Stepfamily Dynamics
- Post-Traumatic Stress Disorder
- Obsessive/Compulsive Disorder
- Eating Disorder
- Grief
- Depression
- Bipolar Disorder
- Trauma and Acute Stress Disorder
- Physical and/or Sexual Abuse

Nancy S. Kay R.N., L.P.C.

HIPAA Notice of Privacy Practices

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

Purpose of this notice: A law known as HIPAA requires this notice. In the course of doing business, Nancy S. Kay L.P.C. gathers and maintains personal information about you. Nancy S. Kay L.P.C. respects the privacy of our Protected Health Information as required by law. This notice describes our privacy practices and how we protect the confidentiality of your PHI

Protected Health Information (PHI): PHI is information that identifies who you are and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or a past, present, or future payment for provision of health care to you.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

How we protect your PHI: Access to your PHI is limited to those employees who have a need to use the information for billing, administrative or similar purposes, or who become involved with an issue regarding your health or a claim on your behalf. We maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure.

Types of uses and disclosures of PHI we may make without your authorization

1. Treatment - We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, we may disclose your PHI to her/him in order to coordinate your care.
2. Payment – We may use and disclose your PHI to bill and collect payment for the treatment and services we have provided you. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associated, such as billing companies, claims processing companies and others that process health care claims for my office.
3. Health Care Operations - We may disclose your PHI to facilitate the efficient and correct operation of our practice. Examples: Quality control – We might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that we am in compliance with applicable laws.

CMFSRC is also allowed to use and disclose your PHI without your consent or authorization for the following purposes:

- When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.
- If disclosure is compelled by a party to a proceeding before a court pursuant to its' lawful authority.
- If disclosure is required by a search warrant lawful issued to a governmental law enforcement agency.

- If disclosure is compelled by the client or the client's representative pursuant to state or federal statutes or regulations, such as the Privacy Rule that requires this Notice.
- To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- If disclosure is mandated by the Arkansas or Colorado law.
- If disclosure is mandated by the Arkansas or Colorado Elder/Dependent Adult Abuse Reporting law.
- If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.
- For health oversight activities.
- For specific government functions.
- For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
- For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.
- Appointment reminders and health related benefits or services. Examples: we may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options, or other health care services or benefits we offer.
- If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- I am permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.
- If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.
- If disclosure is otherwise specifically required by law.

Authorizations

All other uses and disclosures of your PHI will be made by Nancy S. Kay L.P.C. only with your written authorization. You may revoke your authorization at any time in writing.

Your rights concerning your PHI

1. Access to your personal information – As a matter of federal and state law, you have the right to review and copy your PHI that is in our possession. If you desire access to your PHI, you must notify Nancy S. Kay L.P.C. in writing. We will respond to your request within 30 days. If you request a copy of your PHI, a copy may be provided. A reasonable fee for copying will be charged. However, under

federal law, you may not inspect psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration proceeding.

2. Right to request restrictions – You have the right to request a restriction on how we use and disclose your PHI. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to grant your request. If we do agree to your request, we put those restrictions in writing and abide by them except in emergency situations.
3. Right to amend your PHI – If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than Nancy S. Kay L.P.C. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will inform you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.
4. Right to request confidential communications – You have the right to request that we communicate with you about your PHI matters in a certain and at a certain location. Example: You may request that we communicate with you by sealed envelope rather than post card or calling you at work.
5. Right to get a list of disclosures – You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family. Neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

Right to Complain

You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint in writing to:

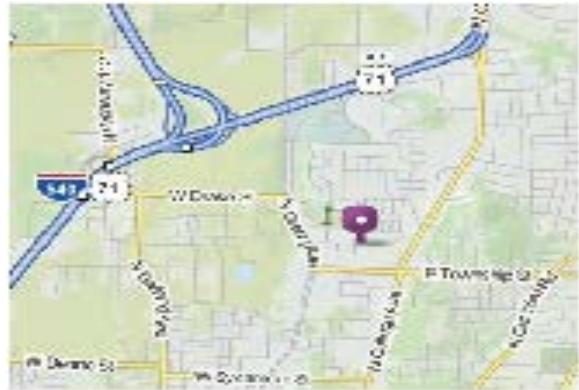
Nancy S. Kay L.P.C.
24 W. Sunbridge Dr.
Fayetteville, AR 72703

You may also notify the Secretary of the Department of Health and Human Services.

The effective date of this Notice is Jan 1, 2018.

Office Directions:

**24 W. Sunbridge Dr.
Fayetteville, AR 72703
479-225-1111**



From the North (Rogers and Bentonville area):

Take 540 South toward Fayetteville. Take the AR 112 exit, EXIT 66. Turn right on AR 112/N Garland Ave. Go .3 miles. Turn left on W. Drake Street. go .1 miles. Turn Right on Gregg Ave. Go .4 miles then turn left onto Sunbridge Dr. - 24 W Sunbridge Dr. is on your left. Next to McLellan's Fly Shop.

From the South (South Fayetteville):

Take 540 North. Take the AR 112 exit, EXIT 66. Turn right on AR 112/N Garland Ave. Go .3 miles. Turn left on W. Drake Street. Go .1 miles. Turn Right on Gregg Ave. Go .4 miles then turn left onto Sunbridge Dr. - 24 W Sunbridge Dr. is on your left. Next to McLellan's Fly Shop.

OR:

*If driving north on Gregg St. turn right on to Sunbridge Dr. My office will be on the left side.

*If driving north on College Ave. turn left on to Sunbridge Dr. If driving south on College Ave. turn right onto Sunbridge Ave. My office will be on the right side.

When you arrive: Please go to the Waiting Room which is the 2nd door on the Left in the Left hallway and I will come and get you.

Look forward to meeting you.

Nancy

WHAT TO TALK ABOUT WITH YOUR COACH DURING YOUR SESSION

Because the coaching relationship is unique, it helps to know what is best to talk about during your call or meeting.

HOW YOU ARE

- How you are feeling about yourself – good and bad.
- How you are looking at your life.
- How you are feeling about others.

WHAT HAS HAPPENED SINCE THE LAST CALL

- What has occurred to you since the last call
- Breakthroughs and insights
- Any new choices or decisions made
- Personal news

WHAT YOU ARE WORKING ON

- Progress report on your goals, projects and activities
- What you've done that you are proud of.
- What you are coming up against.

HOW I CAN HELP

- Where you are stuck
- Where are you wondering about something
- A distinction
- A plan of action
- A strategy or advice

WHAT IS NEXT

- What is the next goal or project to take on
- What is the next goal or distinction to get
- What do you want for yourself next