



Andreas Weinrich, MS

Health Coach

(360) 429-0425

andreas@deep-peace.net

www.deep-peace.net

Disclosure Statement and Consent to Coaching

I am a health coach, a licensed massage therapist, a certified Transforming Touch® Therapist and an advanced student of Somatic Experiencing®.

Intentional Transforming Touch® is one of the techniques that I use and will be utilized at your request. The main focus of my practice is to coach people with health challenges related to trauma which may be impacting their overall health and wellbeing. I am here as your guide in your own process.

Intentional Transforming Touch® supports the nervous system in recovering, repairing, and regrouping from trauma – supporting a greater sense of wellbeing, ease and choice in life. This work uses powerful guided visualizations and gentle movement and body awareness exercises. The client's narrative is welcome but the awareness is on the body and nervous system.

Fees: My individual coaching fee is \$80 per hour. Your payment needs to be received before your scheduled appointment.

Cancellations: If you need to cancel your appointment please do so through my scheduler: <https://www.massagebook.com/login> . If you give 24 hrs notice I will issue a refund if the session is already paid for. If there is less than 24 hrs notice you will be charged the full fee.

Office location: Please be aware that WA state clients have the option of coming to my Bellingham office and I can offer extended sessions of 2 to 3 hours for clients who wish to meet in person. All other appointments are on-line at <https://doxy.me/deeppeacesomatics> . For instructions on how to use doxy.me, visit <https://youtu.be/yJf9N9sjDLI> .

The Coaching Relationship: Throughout the working relationship the coach will engage in direct and personal conversations. The client can count on the coach to be honest and straightforward in asking questions and making requests. The client understands that the power of the coaching relationship is granted by the client. The coaching relationship is professional and strictly confidential.

My commitment to you: If I ever say or do something that doesn't feel right, please bring it to my attention during our session if possible. As your coach, I am 100% committed to you being in charge and supporting you to achieve your goals.

Services provided: The service to be provided by the coach to the client is coaching is via HIPPA compliant video conference, or in person, as designed jointly with the client. If you choose to communicate via telephone or email, I cannot ensure your privacy.

Client agreements:

As a client, I understand that I am fully responsible for my wellbeing during my coaching call, 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 or any form of medical treatment, and that professional referrals will be given if and as needed.

1. I understand that health coaching is a relationship I have with my coach that is designed to facilitate the creation of personal goals to develop and carry out a strategy for achieving those goals.
2. I understand that health coaching is a comprehensive process that may involve many areas of my life, nutrition, exercise, and meditation at my request.
3. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that coaching is not a substitute for medical treatment, counseling, and psychotherapy, and/or substance abuse treatment, and that Andreas Weinrich may refer me to a physician, nutritionist or mental health provider for more advanced care. I understand that Andreas may also consult with collateral professionals and give him my permission for such consultation. He will only reveal my identity if I sign a 'release of information' form giving him permission to share information.
5. I agree 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 Andreas Weinrich and I will sign a 'release of information' form for them to communicate if requested by either party.
6. I understand that information will be held as confidential unless I state otherwise.
7. I understand that health 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 hereby authorize Andreas Weinrich to use Doxy.me as a means of conducting our audio visual coaching sessions. I understand that Doxy.me is a HIPAA compliant platform for telecommunication. I further attest that since I have chosen this form of communication I have been advised that it may not be covered by my insurance company and I am responsible for any fees incurred in the video conference sessions.

I have read and agreed to the above.

_____ ***Client Signature*** _____ ***Date***
_____ **Client Printed Name**