

# Caregiver Coaching Agreement



*Keep this copy for your reference*

## **We are engaging in a coaching relationship**

You (“Client”) are voluntarily enrolling in this process. Caregiver Coaching is focused on providing education, support, tools and mentoring to caregivers/care partners with the goal of increasing confidence to successfully navigate the caregiving challenges ahead. In coaching, the coach facilitates your learning and supports your exploration. Your decisions to act are your own, and you do not hold the coach or Compassion Works, LLC responsible or liable for your experience or the actions you choose to take.

## **This is a fee for service arrangement**

Client agrees to pay for phone coaching and/or in person coaching. The frequency and duration of phone calls or in-person coaching sessions may vary depending on your preference and our calendars.

## **Payment**

Payment is due on the date of, or in advance of the coaching sessions. Payment can be made when scheduling on [www.kaymadams.com](http://www.kaymadams.com) or by mailing a check to:  
Compassion Works, LLC, 3291 Garland Street, Wheat Ridge, CO 80033

## **Cancellation**

Client agrees to notify Coach 24-hours in advance of any scheduled session of any scheduled session that he/she needs to cancel. This notice is appreciated and required. Coach reserves the right to charge Client for the session if session is not cancelled. If you have an appointment on a Monday, request for cancellation or reschedule must be made the prior Friday by the appointment time scheduled for Monday.

## **Coach-Client Relationship – Duties and Responsibilities**

This relationship is a partnership between two or more individuals. Each party must uphold their obligations for the coaching relationship to be successful. Client and Coach agree to communicate honestly, be open to feedback and suggestions, and to fully engage and devote himself/herself to the coaching process.

## **Coaching Sessions**

--- ALL CALLS ARE SCHEDULED IN MOUNTAIN TIME. ---

For phone or Zoom appointments, you can reach me at 303-875-5508.

Thank you for the opportunity to support you on this caregiving journey!



**My appointment date** \_\_\_\_\_ **Time** \_\_\_\_\_

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*Sign and Mail this copy*

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By signing, you are agreeing with these terms.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail to: Compassion Works, LLC, 3291 Garland Street, Wheat Ridge, CO 80033