

PEGGY L. FERGUSON, PH.D.
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Agreement for Coaching Services

Client Name _____ **Date** _____

Similarities and Differences Between Counseling, Consultation, and Coaching

Counseling, consultation, and coaching exhibit commonalities while also presenting distinct differences. Counseling and psychotherapy typically center on the assumption of a "pathological" condition or the presence of an "illness." Treatment of diagnosed health issues (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, PTSD, etc.) is covered by health insurance because treatment for these specific issues is "medically necessary" for the individual's well-being. In contrast, consultation and coaching do not presuppose the existence of pathology or mental health conditions requiring treatment.

Consultation involves a client utilizing a professional's knowledge and expertise to address a specific problem or issue. Depending on the complexity of the matter, consultation may consist of a single session or extend to multiple sessions.

Coaching is a collaborative effort unfolding over a series of sessions in which the client takes the lead in identifying their goals and life objectives. By working together to identify and overcome obstacles, the coach provides guidance, support, encouragement, and professional expertise to assist the client in aligning their goals with their values. Importantly, coaching clients have the autonomy to define the session's purpose, content, and the number of sessions they desire. Clients retain the right to terminate the coaching relationship at any point.

Consent for Coaching Services

I agree to receive coaching services from Dr. Peggy L. Ferguson, Ph.D. I have carefully reviewed the descriptions and background information about Counseling/Therapy, Consultation, and Coaching. I am familiar with coaching's benefits, methods, and goals, and I acknowledge that coaching shouldn't be considered a form of psychotherapy or a replacement for counseling or psychotherapy.

I recognize my relationship with Dr. Ferguson is not one of counseling or psychotherapy. I commit to utilizing the goals established during our early sessions as a plan of action, subject to adjustment as necessary. I also acknowledge that the "designated emergency contacts" could be contacted during an emergency. I understand our discussions will remain confidential and not be disclosed to others. I also acknowledge that confidentiality, extended to clergy, therapists, and attorneys, does not apply to coaching professionals. I understand that under certain circumstances, such as legal requirements where a client threatens harm to themselves or others or if a counselor has reason to believe a child or elder is a victim of abuse or neglect. Under these circumstances, legal statutes compel the coach to break confidentiality.

I know Dr. Ferguson's fee for a fifty-minute session is \$200. I will make payment at the time of service. If I need to cancel, I understand that a minimum of 24-hour notice is required; otherwise, a \$75.00 late cancellation fee will apply. Furthermore, I acknowledge that our consultation or coaching sessions will use a videoconferencing platform that upholds industry standards of security and privacy. **I understand that videoconferencing is unsuitable for emergencies, and I will contact my local hospital emergency room or call 911 in case of an emergency.** I am responsible for selecting a private, secure, distraction-free location for our sessions, free from non-participants. Recording sessions is not permitted without written consent from both parties.

I recognize that Dr. Ferguson is unavailable seven days a week around the clock. All coaching sessions will be pre-scheduled and held by appointment only. If, at any point, coaching is no longer appropriate for my needs, I understand that Dr. Ferguson may recommend and refer me to another provider. I know that a breach of this agreement or excessive cancellations may lead to the termination of coaching services.

Lastly, I acknowledge that there is no guarantee that I will achieve the desired results from coaching.

I confirm that I have thoroughly understood the contents of this document, and I willingly consent to coaching services.

Name of Client

Signature of Client

Date Signed

Peggy L. Ferguson, Ph.D.