



## **Client Coaching Agreement & Release** **(minor child)**

Welcome to Ho'omana Life Coaching LLC. We are looking forward to partnering with you and your child and supporting your family in its personal, professional, and academic growth. Please read the following brief summary of our coaching and billing procedures:

### **Coaching Relationship:**

The purpose of Ho'omana Life Coaching LLC is to provide personal wellness coaching and consultation at the specific direction of the client or the client's parent/guardian. The client and his/her parent/guardian expressly acknowledges and agree to the following regarding the coaching provided by Ho'omana Life Coaching LLC

1. Ho'omana Life Coaching LLC is not a physician practice, nor does it employ physicians. Ho'omana Life Coaching LLC does not provide medical diagnoses, medical treatment, psychotherapy, or treatment of any disease or condition.
2. Coaching is intended to be a tool for teaching individuals about themselves. Ho'omana Life Coaching LLC does not guarantee any specific results or outcomes.
3. Ho'omana Life Coaching LLC may suggest exercise as a part of a lifestyle management plan. All clients are required to acknowledge that swimming, cycling, skating, triathlons, skiing, weight training, aerobics, fitness classes, and other related sports/activities can be an extreme test of one's mental and physical limitations. Ho'omana Life Coaching LLC is not a physical therapist or personal trainer and will not suggest or prescribe a particular exercise regimen or routine. Client and his/her parent/guardian agree to consult with client's physician to determine the safety of any contemplated exercise routine. By signing below, the client and his/her parent/guardian waives, releases, and discharges Ho'omana Life Coaching LLC from any liability related to or stemming from client's decision to participate in, or train for, any sport/activity (extreme or otherwise).
4. Client and his/her parent/guardian understand and agree the coaching relationship is not psychological counseling or any kind of mental health therapy. Coaching is not intended to treat any mental or physical illness. The coach will not offer any advice regarding medication management or courses of treatment. The coach will direct any of the client's concerns regarding the medications prescribed to her or a designated course of treatment to the client's physician.
5. Client bears responsibility for all of his/her own decisions and is free to implement as many or as few suggestions made by Ho'omana Life Coaching LLC. Client and client's parent/guardian are responsible for discussing any potential changes to client's lifestyle with client's physician prior to implementation. Client and his/her parent/guardian hereby release and hold harmless Ho'omana Life Coaching LLC from all liability for adverse actions or results created by client's failure to comply with a plan of treatment provided



by client's physician(s) or failure to discuss any suggestions or referrals made by Ho'omana Life Coaching LLC prior to implementation of such suggestions or referrals.

6. The foregoing is not intended to be a complete list of all the terms and conditions governing the client/coach relationship. Ho'omana Life Coaching LLC reserves the right to supplement this list in writing or orally at a later date and time.

#### Confidentiality:

The nature of the wellness coaching relationship often requires the disclosure of personal health information by you or your child, and, with your permission, your child's treating physicians and counselors. Please review a copy of our Notice of Privacy Practices regarding your child's rights and our responsibilities pertaining to his/her confidential health information.

#### Billing Procedures:

##### Phone Sessions and Video Chat:

The coach will contact you and/or your child at the agreed upon time at the phone number provided. If you fail to make the appointment time, you are still responsible for the coaching fee unless twenty four (24) hour notice was given to reschedule the call. The coach will remain available for the duration of the allotted appointment, but is not required to make up any time lost due to your unavailability.

##### In-Person Sessions:

The coach will meet you and/or your child at the agreed upon time and location. If you fail to make the appointment time, you are still responsible for the entire coaching fee unless twenty four (24) hour notice was given to reschedule. The coach will remain available for a reasonable period of time to accommodate the client's late arrival, but in no instance will the coach be required to remain at a given meeting site for more than fifteen (15) minutes beyond the appointment time.

\*\*\* The coach will make reasonable efforts to reschedule a missed coaching session. \*\*\*

#### Client:

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

Print: \_\_\_\_\_



**Client's Parent or Guardian:**

By signing below, you consent to the provision of coaching services by Ho'omana Life Coaching LLC and specifically acknowledge that you have read and understand the terms of this Client Coaching Agreement and agree to abide by the terms listed above as well as the terms of other documents and agreements referenced herein. You further understand and agree that you are financially responsible for all charges accrued in connection with your child's coaching. You are responsible for communicating any limitations or special requests regarding your child's coaching including, but not limited to: the ability of your child to independently schedule or reschedule coaching sessions, the scope of the coaching services, and the ability of your child to participate in coaching sessions without you being present.

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

Print: \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic records maintained by us
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Communicate with others about the work we do for you
- Market our services

### **Our Uses and Disclosures**

We may use and share your information as we:

- Coach you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## **Your Rights**

**When it comes to your information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of your coaching records**

- You can ask to see or get an electronic or paper copy of your coaching records and other information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain information for coaching, payment, or our operations. In certain limited circumstances, we may not agree to your request, but we will tell you why.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your information, who we shared it with, and why.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have already received the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information listed in this notice.

## **Your Choices**

**For certain information, you can tell us your choices about what we share.** Tell us what you want us to do, and we will try to follow your instructions.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information



## **Our Uses and Disclosures**

### **How do we typically use or share your information?**

We typically use or share your information in the following ways.

#### **Coach you**

We can use your information and share it with other professionals who are coaching or treating you.

*Example: Talking to your doctor about your overall health condition and the work we do together.*

#### **Run our organization**

We can use and share your information to run our operations, improve the service you receive, and contact you when necessary.

*Example: We use health information about you to manage your coaching services.*

#### **Bill for your services**

We can use and share your information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Comply with the law**

- We will share information about you if state or federal laws require it.

#### **Address law enforcement, and other government requests**

We can use or share information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

#### **Respond to lawsuits and legal actions**

- We can share information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected information.



- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can. Let us know in writing if you change your mind.

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Other Instructions for Notice**

- This Notice of Privacy Practices is effective as of October 27, 2022
- Our practice's Privacy Officer is:
  - Kristina Danley. ○ Tel: (808) 463-6016
  - E-mail: [kristina@hoomanalifecoaching.com](mailto:kristina@hoomanalifecoaching.com)



**CLIENT INFORMATION**  
For Confidential Use Only

Client# \_\_\_\_\_

Legal Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Leave Message ☐ Yes ☐ No      Leave Message ☐ Yes ☐ No      Leave Message ☐ Yes ☐ No

E-mail Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name and phone number

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship (or Couple) Status: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Name/Address of financially responsible party if other than client (*For minors or anyone using 3<sup>rd</sup> party.*)

\_\_\_\_\_

If client is a minor, name/address/phone of custodial parent, if different from name above \_\_\_\_\_

\_\_\_\_\_

Family and household members (includes housemates, spouse, partner, siblings, and all children (*Continue on back if needed.*) Clarify if client is a minor from two households (*Include any different last names.*))

Name	Age	Gender	Relationship	Living with you?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Is it important for you to have spirituality included in our coaching relationship? ☐ Yes ☐ No

Please list any hobbies, activities, sports, etc. in which you participate: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam \_\_\_\_\_

Physician's Address \_\_\_\_\_

It is our practice to coordinate care with the client's physician when this would be helpful. If you agree that we may contact your physician, please check here: ☐ *(Please sign a release of information with your coach for this purpose.)*

List any significant medical or surgical history \_\_\_\_\_

List any medications, including supplements, and the amount, that you currently take or have taken in the past 3 months

\_\_\_\_\_

\_\_\_\_\_

List any behavioral issues or concerns you would like to address \_\_\_\_\_

\_\_\_\_\_

On average, how much screen time do you get per day (i.e., TV, tablet, computer, smartphone) \_\_\_\_\_

## GOALS

What are you hoping to achieve by working with a Wellness Coach? \_\_\_\_\_

\_\_\_\_\_

Have you had any previous Wellness Coaching? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

Name of Previous Coach(es): \_\_\_\_\_ Purpose/issues at that time: \_\_\_\_\_





How did you learn about Ho’omana Life Coaching LLC?

Did someone refer you to Ho’omana Life Coaching LLC.? ☐ Yes ☐ No

Relationship to you: \_\_\_\_\_ Name of Person Referring: \_\_\_\_\_

May we send a thank-you? ☐ Yes ☐ No *(If yes, please give us their mailing address)*

Do you want to be added to our mailing list for e-newsletters and/or print newsletters? ☐ Yes ☐ No

Do you want to communicate with your wellness coach via e-mail and text message? ☐ Yes ☐ No

*If yes, please read and sign the Acknowledgement Regarding E-mail and Text Message Communication*

#### FINANCIAL INFORMATION

Payment ☐ Cash ☐ Check ☐ PayPal ☐ Credit Card

Name on card:

\_\_\_\_\_

Card Number:

\_\_\_\_\_

Exp. Date:

\_\_\_\_\_

CVV:

\_\_\_\_\_

Zip Code:

\_\_\_\_\_



### **Informed Consent for the Use of Electronic Communication**

Clients of Ho'omana Life Coaching LLC who wish to communicate with their coach or other administrative staff by e-mail, text message, social media, or video chat (i.e. Skype) are welcome to do so. However, there are a number of privacy concerns and potential risks associated with electronic communications that you should consider before using them to transmit confidential information.

Electronic communications are not the preferred method of client contact for Ho'omana Life Coaching LLC. We discourage the use of e-mail, text message, etc. for the communication of confidential health information and request that you use telephone or face-to-face methods of communication whenever possible.

E-mail, text message, social media, and video chat are unsecured forms of communication and are broadcast through systems and networks that are susceptible to interception. Because e-mails, text messages, and social media messages are not encrypted, even parties that receive them accidentally can look at the information contained in the messages. Messages can also be misaddressed and back-up copies can be retained even after the sender and recipient delete them.

Any information exchanged electronically increases the risk of confidentiality breaches. You are waiving your rights under federal and state privacy laws regarding the receipt and storage of confidential personal information when you send it to Ho'omana Life Coaching LLC's staff by e-mail, text message, social media, or through unsecured video chat.

Ho'omana Life Coaching LLC is not responsible for the interception or unauthorized access of any unsecured communication sent by you or by us at your request.

Ho'omana Life Coaching LLC will not request your confidential information electronically. Likewise, Ho'omana Life Coaching LLC will not send your confidential information to you electronically absent your specific request to do so. Your request to receive confidential information electronically is a waiver of your right to secure electronic communications. If you insist on using unsecured means, Ho'omana Life Coaching LLC will transmit only the minimum amount of information necessary to respond to your request.

By signing below you understand the risks of, and are consenting to, the use of unsecured electronic communications by and between you and Ho'omana Life Coaching LLC.

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

Print Name: \_\_\_\_\_

Client Name (If different): \_\_\_\_\_