

HEALTH COACHING OVERVIEW

WHAT IS HEALTH & WELLNESS COACHING?

The National Board for Health & Wellness Coaching (NBHWC), the credentialing organization for Health and Wellness Coaches define them as coaches who “partner with clients seeking self-directed, lasting changes, aligned with their values, which promote health and wellness and, thereby, enhance well-being. In the course of their work health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change, and honoring that each client is an expert on his or her life, while ensuring that all interactions are respectful and non-judgmental.” (see <https://nbhwc.org/>)

Health & Wellness Coaching is a Process:

Health & Wellness Coaching is an exploratory, client-led *personal journey of change*, where the client learns to make healthy, sustainable behavior change with a health coach as a guide. It is through this process that clients gain knowledge, skills, and confidence to make lasting and positive behavioral changes.

Health & Wellness Coaching is a Partnership:

The Health & Wellness Coaching relationship is different from relationships that clients may have with their health care providers. **Wellness coaches are not here to give advice, prescribe a plan, or tell their clients what to do. Instead, they serve as a guide in the client's journey.** You as the client will be a very active participant in the process. Indeed, no one knows your life better than you do. So, no one else can better say what is important to you, what you are interested in, and what you are willing to try in order to make healthy changes. To move forward, your health coach will ask you important questions, and expect you to share your honest feedback. This partnership works best when you are able to voice your opinions, thoughts and feelings clearly. The health coach's job is to listen with deep curiosity and without judgment, to demonstrate respect for your autonomy, and to provide you with a specific framework for change that has been shown to help thousands of people significantly shift their lifestyles. This process has also been shown to be helpful in allowing you to gain knowledge when you are ready for it, skills as you practice new things, and confidence to make lasting change. This does not mean that the coach will “go easy” on you; in fact, one of the ways in which the coaching relationship works is by helping you stay accountable to your own goals and wishes. The coach will work with you to clarify how you would like the coach to support your accountability.

Health & Wellness Coaching is Empowering:

Health & Wellness Coaching is an experience that *empowers* the client to make lasting, positive health behavioral changes. The process builds on the client's strengths and values and helps the client discover his/her own intrinsic motivators. It involves the use of techniques such as

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mindfulness and visioning as well as enhancing self-awareness and self-compassion. The coach helps the client find their own way by defining and clarifying their own goals and moving towards them in an incremental, manageable way. Clients gain skills of self-monitoring and accountability to create sustainable change towards improved health and wellbeing.

WHAT IS A HEALTH & WELLNESS COACH?

A National Board-Certified Health & Wellness Coach (NBC-HWC) is one who passed the National Board Certification for Health & Wellness Coaches, launched in 2017 by the International Consortium for Health & Wellness Coaching (now NBHWC) in partnership with the National Board of Medical Examiners. It provides the minimum standard and measure of foundational competencies including the knowledge, tasks, and skills essential to the practice of health and wellness coaching.

While health coaches may be medical professionals, their function is solely that of health coach. This means that although a health coach may know a lot about health, in this role, their greatest expertise is in the process of sustainable change.

This relationship is different from relationships that clients may have with their health care providers. It is not prescriptive in nature. Health coaches are not here to give advice, prescribe a plan, or tell their clients what to do. Instead, they serve as a guide in the client's journey. Through this process, the client gains knowledge, skills, and confidence to make lasting and positive behavioral changes.

A health and wellness coach (or simply "health coach") can serve as a guide on your journey. Health coaching is not intended to specifically address the medical aspects of the client's medical journey. The focus is **not** on disease management or treatment but rather, the focus is on improving one's *quality of life*. While the journey of living with a chronic disease may be unpredictable with factors outside of the patient's control, the client *can* choose to work on lifestyle choices within one's control that may include nutrition, movement, sleep/rest, mind-body connection, spirituality, environment, or relationships, just to name a few. Through this process, the client gains the knowledge, skills, and confidence to make lasting and positive behavioral choices. Doing so fosters hope, clarity, and gratitude. Through this process, the client develops a new narrative of resilience so that the client can persevere in his/her personal journey.

HEALTH & WELLNESS COACHING AGREEMENT

Congratulations for taking this important step toward creating a healthier life for yourself! Through our health coaching relationship, you will have the chance to explore what you want for your journey and get the support to make it happen. If you have any questions, feel free to contact me by email _____ or by phone_____.

Please sign both copies and return one copy of this Client Agreement prior to the first scheduled coaching meeting. Retain one copy for your records and email the other the Coach:

_____ OR mail to the following address: _____

DATE _____ CLIENT NAME _____

INDIVIDUAL COACHING SESSIONS:

\$ 100 PER SESSION for a total of 8 sessions (60 min) will be fully subsidized by **Neuroendocrine Cancer Foundation**.

After 8 sessions, 2 more optional sessions will be partially subsidized by **Neuroendocrine Cancer Foundation** at a rate of \$80 per session **with the client responsible for \$20 per session**.

FREQUENCY OF SESSIONS _____

SESSION DAY _____ SESSION TIME _____

HOW DOES IT WORK?

1. After the coach has received your signed Coaching Agreement (keep a copy for yourself) and payment, the coach will contact you to arrange the date and time of the coaching session(s) if it has not already been arranged.
2. At the scheduled date/time, you and the coach will both call into **this conference call number:** _____.
 1. NOTE that you will not be calling the coach's personal phone number for the session.
 2. With your consent, sessions may be recorded (audio only) **for educational purposes only.**
3. **Cancellation Policy:** 24-hour notice is requested for cancellation of a coaching session. "No-shows" unfortunately will not be refunded.
 1. If you need to cancel, please contact your coach through email at: _____ or phone at _____.
(Your coach should specify which.) If you have an emergency or illness, you can reschedule with less than 24 hours notice.

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2. **Late/NO SHOW Policy:** If you are more than 5 minutes late past the scheduled session time and provide no notice, this will be considered a NO SHOW and the entire session will be forfeited and we will not make up that time. Unfortunately, there will be no refunds for "No-shows."
4. **Termination:** Either the Client or the Coach may terminate this agreement at any time with # 2 weeks written notice. If you cancel more than 2 sessions, your spot will be given to another client. **Please let your coach know if you are unable to continue with coaching as your spot may be given to another client.**

Schedule & Fees: This coaching agreement is valid as of _____. The fee of \$100 PER (60 min) SESSION for a total of 8 sessions will be fully subsidized by **Neuroendocrine Cancer Foundation**.

After 8 sessions, you may continue with 2 optional (60 min) sessions that are partially subsidized by **Neuroendocrine Cancer Foundation** at a rate of \$80 per session with the client responsible for \$20 per session. The \$20 client copay will be paid directly to the coach.

***Note: Based on client need, the payment schedule may be modified.**

5. Both client and coach should maintain a copy of this agreement. This Agreement can be amended only by written consent of both the Coach and Client.

Structure:

Coaching sessions involve meeting one-on-one telephonically biweekly or weekly to work on the client's desired aspects of health and wellness. The first session involves reviewing the client's current state of health. The second session involves visioning towards the future and setting 3-6 month goals. Subsequent sessions involve working towards the 3-6 month goals incrementally.

Timeline: Your health & wellness coaching will last __ months and occur every ____ week(s), for a total of __ health coaching sessions.

Initial Health & Wellness Coaching Session #1 will last about 60 minutes and will include the following:

- Description of health coaching
- Discussion of your hopes and expectations regarding your coaching experience
- Exploration of your assessment of your **current health** by reviewing the Intake Form and Wheel of Health

Health & Wellness Coaching Session #2 will be approximately 60 minutes and will include the following:

- Description and creation of your wellness vision
- Creation of your 3-6 month goals
- Coaching around topic of choice related to your health goals
- Setting action steps for the following two weeks (or until the next session)

Health & Wellness Coaching Sessions #3-12 will be approximately 60 minutes and will include the following:

- Review of successes regarding action steps from the previous session
- Exploration of obstacles or challenges regarding previous action steps
- Coaching around topic of choice related to your health goals
- Setting new action steps

CLIENT RESPONSIBILITIES

As the client, I agree to:

1. Honor my scheduled session times and will be on time for each session. I will meet in a quiet place where I have the freedom to share honestly and freely. ***I will not be operating a vehicle or bicycle during the session.***
2. Be motivated and committed to taking action on my health and wellness goals. I will create the time and energy to participate fully in the program.
3. Communicate honestly, even if what I say is “I don’t want to talk about that.” Tell my coach if the process is not working for me, or I need something else.
4. Keep an open mind so that I can explore new perspectives and try new things.
5. Come to the sessions with a clear agenda for what I want to address. An optional coaching prep form may be used to prepare for the sessions and can be emailed to the coach at least 24 hours in advance if I would like my coach to review it at _____ . (I recognize that neither email nor faxes can be guaranteed as confidential, although once received, the coach is responsible to safeguard the confidentiality of each patient’s Protected Health Information (PHI) in accordance with all applicable laws, regulations and accreditation standards.)
6. Understand that if I miss a session or am more than 5 minutes late without notifying my coach, I am forfeiting the session and the time will not be made up.
7. Give my coach permission to send documents (i.e. contracts, notes from the session) with my Protected Health Information (PHI) via email. I recognize that email is not guaranteed as confidential and is not HIPAA compliant, and I grant my coach permission to contact me via email.
8. Understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. (Client is responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions, and results. As such, the Client agrees that the Coach is not and will not be liable for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not medical advice nor therapy and does not substitute for medical services nor therapy if needed, and that it does not prevent, cure, or treat any medical diseases or mental disorders.)
9. Understand that coaching does not involve the diagnosis or treatment of 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

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abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy. I promise that if I am currently in therapy or under the care of a mental health professional, I have consulted with the therapist or mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.

10. Understand that coaching is not to be used as a substitute for professional advice by legal, medical, mental, financial, business, spiritual or other qualified professionals. I will seek independent 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 sole responsibility.
11. 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, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
12. Understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
13. Understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
14. Have read and agree with the Coaching Agreement.

COACH RESPONSIBILITIES:

As your coach, I agree to

1. Abide by the National Board for Health & Wellness Coaching (NBWHC) ethics and standards of behavior that can be found here: https://nbhwc.org/wp-content/uploads/2019/04/FINAL-Code-of-Ethics-4_15_19.pdf
2. Be on time. I will be fully present throughout the sessions and devote my time, thoughts, and energy to you during our coaching sessions.
3. Actively listen to what you say and ask questions that increase awareness and deepen insight.
4. Be direct and honest in conversation, even when the conversations are challenging.
5. Be consistently supportive of the client as a person and as the one who holds the vision.
6. Provide encouragement, support, and a space where your client may explore his/her own thoughts, motivations, and decisions.
7. Brainstorm possibilities to promote discovery of new insights.
8. Focus on results and outcomes, while continually exploring the client's motivation and values.
9. Regularly invite you to verbalize what you are learning about yourself in the change process.
10. Safeguard the confidentiality of each patient's Protected Health Information (PHI) in accordance with all applicable laws, regulations and accreditation standards.

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Confidentiality & Privacy

This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound to confidentiality by the International Consortium for Health & Wellness Coaching Code of Ethics. The Coach agrees not to disclose any information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without the Client's consent. Confidential information does not include information that: (a) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client's industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) that the Coach is required by law to disclose.

The health coach's role is to support you in exploring what you want for your health, enhancing skills and obtaining knowledge when you are ready, creating action steps, and helping you to achieve desired outcomes. Provided your personal health objectives are not contraindicated by a large body of scientific evidence, the health coach process is all about your own personal health objectives.

The health coach is a member of your healthcare team and may correspond with other team members. Health coaches are required to safeguard the confidentiality of each patient's Protected Health Information (PHI) in accordance with all applicable laws, regulations and accreditation standards. A written release of information is available for you to provide the names and contact information for your primary care provider and any other healthcare team members to whom you would like provided a summary of your coaching work.

I give permission for the Coach may discuss personal and/or medical information in mentorship coaching with other health coaches for educational and training purposes.

I give permission for the Coach to communicate with Neuroendocrine Cancer Foundation regarding dates of service, fees, and payment. I release, discharge, and covenant not to hold liable Neuroendocrine Cancer Foundation, the Coach or any associated coaches from and for any liability resulting from, arising from, or in any way related to any services provided or otherwise resulting from the coaching relationship contemplated hereunder. In no event will the Coach nor Neuroendocrine Cancer Foundation be liable to the Client for consequential or special damages. The Client is the sole decision-maker in the coaching process. Any and all actions or consequences resulting from the coaching sessions are the responsibility of the Client.

I give my coach permission to correspond with me by email and text including sending documents (e.g. Health Coaching Agreement, Session Notes, Resources). I recognize that email is not guaranteed as confidential and is not HIPAA compliant.

This Agreement, and any dispute arising from this Agreement shall be governed by the laws of the State of California. If a dispute arises out of this agreement that cannot be resolved by mutual consent, the Client and Coach agree to attempt to mediate in good faith for up to (certain amount of time such as 30 days) after notice is given. If the dispute is not resolved, and in the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party.

This Agreement constitutes the final, complete and exclusive statement of the terms of the agreements between the Client and the Coach pertaining to the subject matter of this Agreement

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and supersedes all prior written or oral understandings or agreements of the Client and the Coach.

Thank you!

Please sign both copies and return one copy of this Client Agreement prior to the first scheduled coaching meeting. Retain one copy for your records and email the other to the Coach at:

OR mail to the following address:

Signatures indicate agreement with this coaching agreement.

Client _____

Date _____

Coach _____

Date _____