

*Thank you for choosing me as your professional coach.*

## **Treatment Philosophy**

Most change occurs when the past and present are explored with a focus on letting go of past conditioning, developing healthier boundaries, improving communication, gaining emotional intelligence, and an increase in presence and body awareness, to more effectively navigate today's challenges.

My role is to work with you as a team. After the assessment phase, I will provide you with goals and objectives for us to use as a course of action. I will be actively engaged with observations, ideas for activities and new skills, along with offering modalities to release old patterns of thinking and behaving.

The length of your journey will be determined by your experiences, responsiveness and goals.

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**Initial**

## **Education and Training**

I earned a Masters of Education in Counseling from the University of Puget Sound. I specialize in anxiety, communication, conflict resolution, identity and boundary issues, depression, divorce, grief and loss, abuse and neglect, social adjustment, spiritual resourcing, and strengthening relationship strategies for individuals and couples. I am a Licensed Mental Health Counselor with the State of Washington (LH60095901), a National Certified Counselor (287465), a Relationship Coach, NeuroCoach and a Brain Health Coach. I have completed Level Two of EMDR training, Gottman Educator training, as well as trainings in Neuropsychology of Trauma, Tantra, Shamanism, Enlightenment, Mindfulness, Vibrational Health, Restorative Touch, Reiki, Integral Psychotherapy, Bodywork and Psychotherapy. I do not work with couples experiencing domestic violence.

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**Initial**

## **Risks and Benefits**

Coaching often involves discussing unpleasant aspects of your life, you may experience sadness, guilt, anger, frustration, and helplessness. On the other hand, the work often leads to better relationships, it can provide solutions to specific problems, and there is often a significant reduction in feelings of emotional distress. Feeling uncomfortable is temporary as you deepen your capacity to be fully present and improve your self-care. You are encouraged to ask questions.

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**Initial**

## **Privacy and Confidentiality**

1. Your intake form, signed disclosure, financial information, and my notes will be locked up.
2. Your right to privacy means I will not acknowledge you should we run into each other in public.
3. It is not therapeutic in relationship coaching to withhold information (ex. ongoing affair). I will encourage and support you to share secrets with your partner. If you do not wish to share or work on

preparing yourself to share, I will not be able to continue working with you since secrets undermine the process of relationship change.

4. I do not accept requests on social media. Texting about scheduling will be the best way to reach me. Please do not text about other content. I typically check email first thing and late in the day Monday-Thursday.

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Initial

### Rates

- Payment is due 24 hours prior to session for hourly sessions.
- Pre-paid rates do not meet insurance or HSA/HRA/FRA requirements for reimbursement.
- Payment needs to be current to engage in your session.
- When I periodically increase my rates, you will be notified.

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Initial

### Scheduling

- I commit to hold your scheduled time for you since keeping a regular schedule of appointments enhances your experience. In the event that an appointment cannot be kept, please provide notification at least 24 hours in advance to avoid paying the full session fee.
- I will need to end your session on time.
- I offer extended sessions (5 hours) for individuals or couples. These are reserved with a non-refundable \$500 deposit. (With 48 hours confirmed notice: 50% can be used to reschedule within 7 days) See specific details in separate handout.
- I typically take vacation the last week of the year, and long weekends in the Spring and Summer, without internet or phone reception.

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Initial

### Telephone Calls

I take on-demand calls as I can. Telehealth sessions are billed at regular rates, and payment is due same day via Venmo.

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Initial

### Acknowledgement and Agreement

*By signing below, each of us confirms this disclosure document to represent the agreement between us, you confirm receiving and reading this, you confirm your understanding of the information provided.*

\_\_\_\_\_  
Signature of Provider (Deanne Carter)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

Office address: 240 S Stadium Way, Suite 101, Tacoma, WA 98402

### Notice of “In Office” Procedures and Consent to “In Office” Treatment

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

Date of Birth: \_\_\_\_\_

Purpose: This form is to inform you of benefits and risks of “In Office” visits and obtain your consent to participate in “In Office” coaching sessions with Deanne Carter, LMHC, NCC.

Due to the number of people in a space, many agencies have switched to telehealth as their primary delivery service. Therefore, telehealth is becoming the standard of care.

At this office space, as with many private practices, there is sufficient space to maintain 6 feet of distance.

Below are the additional procedures to minimize health risks.

- Sanitizer available as you enter, as well as tissues to use to touch the door knob if you choose.
- Washroom available with paper towels.
- Individual bottled water.
- Bleach wiping of all touched items in the office between each session.
- Lysol sprayed in the office between each client.
- Air purifier in the office.
- Sanitizer available near your seating area and by the door, along with tissues to touch the door knob.
- Seating allows for 6 foot distancing.
- Clients are asked to monitor their temperature, symptoms, and exposure. If any concerns come up, clients are required to take a break or use telehealth for 10 days after. Clinician will do the same.
- At any time, including up to the time of an appointment, clients may choose to use telehealth in place of an “in office” visit whether you share a reason, or not. Therefore, a virtual consent will be on file for all clients (unless you decline that option).
- 24-hour cancellation policy exception when symptoms are possibly COVID related. (The other exception continues to be unsafe driving conditions due to weather)

It is your right and responsibility to choose the environment you think is most effective for your sessions. There are many benefits reported for “in office” sessions including more clear non-verbal communication, calmer environment, less privacy concerns, full presence, more connection and therefore, more trust in the space to do “the work”.

However, being “in office” comes with exposure risk. This space is shared with others. By consenting to “in office” visits you are assuming the risk of being around other people.

It is your responsibility to switch to virtual appointments if that feels more comfortable, or at any sign of fever, concerning symptoms, or exposure to someone with concerning symptoms.

Please let me know if you would like to trial the telehealth platform and I will schedule 10 minutes with you.

I understand the risks and benefits and I choose to participate in “in office” sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Virtual Coaching Informed Consent

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

Date of Birth: \_\_\_\_\_

This form is to obtain your consent to participate in virtual coaching sessions with Deanne Carter, LMHC, NCC.

**Please initial the following acknowledging your understanding and agreement, or N/A if not applicable:**

\_\_\_ 1. There are *no* circumstances where there will be other personnel present, and I (client) will make sure others are not present or able to overhear during my video session.

\_\_\_ 2. There will be *no* audio, photo or video recordings of my telehealth session on either side. It is recommended you turn off devices like Google Home or Amazon Echo, as they may be collecting information.

\_\_\_ 3. Virtual coaching does *not* include email or any other electronic transmissions, besides my scheduled video session. Do not email or text therapeutic content.

\_\_\_ 4. Scheduling *may* be communicated via email or text.

\_\_\_ 5. If I haven't prepaid a package, I will go to Venmo: 253-651-3752 **24 hours prior** to my regular appointment, or ten days prior to an extended session.

\_\_\_ 6. At the time of my appointment, I will **check in to the waiting room** at: <https://doxy.me/ryr>  
*For your comfort: be in private, have your hands free, tissue nearby, off or silenced telephone nearby as back up, and writing material to take notes, if you wish.*

\_\_\_ 7. Written notes and storage of files are the same procedures as "in office" visits.

\_\_\_ 8. As with any health care service, there are risks associated with the use of virtual platforms, including equipment failure, poor image resolution and information security issues. Have your phone available in case we have poor signal.

\_\_\_ 9. *If you need immediate assistance you agree to Dial 911 or your local crisis line:*  
*Pierce County: 1-800-576-7764, Text 741741, or National Suicide Hotline 1-800-273-8255*

\_\_\_ 10. This platform does not work well with cell connection. Test your wifi connection and software prior to your appointment time. Inform me if you need an alternative platform at least 72 hours prior to your appt.  
-Doxy or Zoom are available for video, or telephone as last resort.

I agree to participate in virtual sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date