

Jodi N. Hildebrandt, LPC, MS

Psychotherapy • Addiction Expert • Relationship Counseling • ConneXions Coaching

Helping people maximize their potential and achieve their goals

Client Policies and Procedures for ConneXions Coaching

Welcome!

Welcome to the ConneXions Coaching experience and working together as client and coach. I wish to share some items to facilitate a synergistic relationship with you. If you have any questions, please call me.

FEE	Clients pay prior to their session unless other arrangements have been made. Payment may be made by check or credit card.
PROCEDURE	<ul style="list-style-type: none">• Clients arrive for their appointment on time.• Let me know what you want to work on, and be ready to be coached.• The agenda is client generated and coach supported.
CALLS	Our agreement includes a set number of calls or visits. If you or I are on vacation, we will discuss how to accommodate both of our schedules.
CHANGES	My clients give me 48 hours notice if they have to cancel or reschedule a call or session. A missed call or visit is forfeited, and you will be charged for the full amount of the call or session.
EXTRA TIME	You may call between sessions if you need “spot coaching” or have a problem. I enjoy delivering this extra level of service. Phone sessions will be billed at a prorated amount according to the amount of time of the phone call.
PROBLEMS	I want you to be satisfied with our relationship. If I ever say or do something that is confusing to you or doesn't feel right, please bring it up. You are responsible to let me know of the conflicts you feel.
A MUST	To feel that coaching is a success, it is necessary for the client to implement the coaching that is given. You have hired a coach to do things differently than you ever have before. If you choose to not use the coaching and keep doing what you have always done, you will get the results you have always gotten.

Jodi N. Hildebrandt, LPC, MS

Psychotherapy • Addiction Expert • Relationship Counseling • ConneXions Coaching

Helping people maximize their potential and achieve their goals

Coaching Agreement & Informed Consent

Welcome to ConneXions Coaching, a professional coaching practice. This document and its attachments constitute a contract between us (the "Agreement"). You should read it carefully and raise any questions and concerns that you have before you sign it.

Services:

The services provided by Jodi Hildebrandt, LPC, MS, include Coaching or TeleCoaching on topics decided jointly with you, the client. The purpose of coaching is to develop and implement strategies to help you reach personally identified goals of enhanced performance and personal satisfaction. Coaching may address a wide variety of goals including specific personal projects, life balance, job performance and satisfaction, or conditions, situations or experiences in your life, business, or profession.

What is Coaching?

Coaching is an interaction that occurs between people that produces desired performance, change or transformational results by promoting personal and organizational awareness, purpose, competence and well-being. Coaching is focused on enhancing performance, generating personal change and development of the whole person not separate from the systems of which they are a part. A coach is a person participating in a mutually voluntary interaction with neither responsibility, accountability nor authority over the outcomes of the person being coached.

In each meeting, the client chooses the focus of conversation. This interaction creates clarity and moves the clients into action. Coaching accelerates the client's progress by providing greater focus and awareness of choice, responsibility and humility. Coaching concentrates on where clients are today and what they are willing to do to get where they want to be.

Life coaching is a powerful human relationship which assists people to design their future and understand their present rather than get over their past. Through a typically long-term relationship, coaches aid clients in creating visions and goals for all aspects of their lives and creating multiple strategies to support achieving those goals. Coaches recognize the brilliance of each client and their personal power to discover their own solutions when provided with support, accountability and unconditional positive regard (validation). The client can count on the coach to be honest and straightforward in asking questions and making requests.

Coaching vs. Psychotherapy

In addition to being a Coach, I am also a licensed professional counselor in Utah, with training and experience in diagnosing and treating emotional and psychological problems. Although there are some similarities between coaching and psychotherapy, I will not conduct psychotherapy with my coaching clients. These are different activities, and it is important that you understand the differences between them.

Although both coaching and psychotherapy use knowledge of human behavior, motivation, behavioral change, and interactive counseling techniques, there are major differences in the goals, focus, and level of professional responsibility. As a coach, my responsibility is to assist you to (1) make decisions about which changes you would like to make (2) to develop a personal "action plan" in order to make those changes, (3) to implement your action plan and make the behavioral changes, (4) to develop strategies to maintain the changes you have made, and (5) educate you about the power and principles of honesty,

personal responsibility and humility, which will create a stable foundation for you to choose from. I will support, encourage, teach, and help you stay "on track" toward your goals.

Your success will depend on your willingness to define and take risks and try new approaches. You can expect me to be honest and direct asking straightforward questions and using challenging techniques to help you move forward. Like any human endeavor, coaching can involve feelings of distress and frustration that accompany the process of change.

Psychotherapy is a health care service. Its primary focus is to identify, diagnose, and treat nervous and mental disorders. The goal is to focus on the past, whereas coaches focus on present and future.

These factors give psychotherapists greatly disproportionate power that creates a fiduciary responsibility to protect the safety of their clients. The coaching relationship is designed to avoid this power differential.

If I am your Coach, I cannot be your therapist. This means that if either of us recognizes that you have a problem that would benefit from psychotherapy, I will refer or direct you to appropriate resources. In some situations I may insist that you enter psychotherapy and that I have access to your psychotherapist, as a condition of my continuing as your coach.

Payment Procedure:

This agreement, between coach Jodi N. Hildebrandt and the above-named client will begin on _____ and will continue for a minimum of three months. The fee for the initial meeting is \$_____ and the fee for each session shall be \$_____ per _____ minute session, payable monthly in advance. Forty-eight (48) hours advance cancellation notice is required for all face-to-face, telephone and teleconference (including Skype, FaceTime, and ConneXions Classroom) appointments in order to avoid being charged for the time that has been set-aside for you.

The Coach is paid in advance of each series of coaching calls or contacts. The first coaching session will begin after I receive this signed agreement and the first payment. You may pay by cash, credit card (Visa, MC, Amex) or check. Services must be paid for in advance, or they cannot be provided. Services requested by the Client in addition to coaching calls, will be billed at a prorated hourly rate (agreed in advance) and will be paid within 30 days of service. Any changes to this procedure must be mutually agreed upon in writing.

Call Procedure:

If the Client chooses to be coached by telephone, Skype or FaceTime, the Client will call the Coach at the pre-arranged time and telephone number as scheduled, and pays any telephone charges for the call. For group coaching calls and classes, the Coach will pay for the teleconference line, and the Clients will pay for the call into the conference line. For ConneXions Classroom meetings, the Coach will pay for the conferencing service, and Clients will pay for Internet access to join the meeting.

Cancellations:

Please remember that you must give 48 hours prior notice if you need to cancel or change the time of an appointment; otherwise you will be charged for the session in full. I will make reasonable efforts to reschedule sessions that are cancelled in a timely manner.

Termination:

Either party may end the coaching relationship by providing the other party with a one-week written notice, which may be transmitted by email, fax or in person.

—

Your signature below indicates that you have read the information in this document ("Coaching Agreement and Informed Consent") and any attachments, such as the Coaching Fee Plan, and agree to abide by its terms during our professional Coaching relationship.

Client _____ Date _____

Coach _____ Date _____

ConneXions Coaching Teleconferencing Software Informed Consent

Having been fully informed of the risks listed below, I _____ hereby give my informed consent to use Skype and/or other teleconferencing software to facilitate coaching sessions with Jodi Hildebrandt and/or any other agent of ConneXions Classroom. Having been informed of the risks of using such software, I, in my sole discretion, request that my ConneXions Coach utilize such software to facilitate my coaching sessions.

Risks include but are not limited to:

1. With the use of any teleconferencing software, there is inherent risk of eavesdropping and/or accidental information disclosure. Although ConneXions Coaches do all within our power to ensure the privacy and confidentiality of our clients, nobody can eliminate all risks of electronic information disclosure through the use of teleconferencing software.
2. The use of teleconferencing software requires trust and good faith in the professionalism, trustworthiness, and cybersecurity expertise of multiple outside parties, including, but not limited to, the manufacturers of all utilized computer hardware, operating systems and software (including the teleconferencing software). All of these parties are outside the control of ConneXions Classroom.
3. The use of teleconferencing software necessitates the use of your (the client's) computer hardware and software. Such hardware and software are your responsibility to maintain and are entirely out of the control of ConneXions Classroom. In no case will ConneXions Classroom or any ConneXions Coach be held liable for information disclosure or breaches of confidentiality arising from cybersecurity breaches of your computer equipment, or from negligence, misuse or misconduct involving you or your computer hardware or software, whether caused by you or by others.
4. All Internet-connected technologies present the risks inherent in connecting to the global, publicly-accessible Internet. Software systems of all varieties have been compromised by hackers and other unauthorized agents. Even systems owned by highly-responsible parties such as banks, governments, and militaries—and operated following the most rigorous and complete security practices—have been compromised by bad actors, causing unauthorized access and/or information disclosure. The use of any Internet-connected technology presents such risks.
5. Privacy, confidentiality and cybersecurity are shared responsibilities. Security breaches (such as password leaks) in other websites or Internet services may impact the security and privacy of your teleconferencing experience. Unauthorized access to your computer may likewise impact the privacy, confidentiality and security of other clients of ConneXions Classroom, who also request to use teleconferencing software. Due to the nature of cybersecurity, your confidentiality can be breached if other users of the teleconferencing system experience a cybersecurity breach or through negligence allow unauthorized access to their teleconferencing software. ConneXions Classroom and your ConneXions Coach will in no case be held liable for the actions of you or other clients, and if you request to utilize teleconferencing software, you do so having been fully informed of such risks. ConneXions Coaches expect and encourage all people to be responsible for the risks they choose to take.

I understand that my relationship with ConneXions Classroom and any of its agents DOES NOT CONSTITUTE A THERAPEUTIC RELATIONSHIP. I have chosen to participate in coaching with ConneXions Classroom. I understand that the coaching relationship is different from a psychotherapeutic or counseling relationship. The psychotherapeutic relationship places the professional in a position of legal authority and power over the patient. On the other hand, the coaching relationship seeks to eliminate this power differential, and places total power and responsibility for decisions and outcomes in the hands of the client. Responsibilities (such as confidentiality) that would rest solely on the therapist in a psychotherapeutic relationship are instead shared responsibilities in a coaching relationship. As a coaching client, therefore, I understand and agree to take on an added level of trust to maintain the confidentiality of myself and any other clients who may be involved in any teleconferences in which I participate. I understand that my actions do and will affect others, and it is my responsibility to educate myself on responsible use of teleconferencing software and Internet-connected technologies generally, in order to protect myself and others during and after this Internet-mediated coaching experience.

I agree to indemnify and hold harmless ConneXions Classroom and all of its agents in the event of any information disclosure or breach of confidentiality arising from the use of teleconferencing software, including but not limited to cybersecurity breaches, hacking attacks, and other types of unwarranted information access. I agree to be responsible for my choice to conduct meetings with ConneXions Coaches via teleconferencing software, and I accept all risks associated therewith, whether known or unknown at the time of signing this document. I accept that there are no guarantees in life, and I agree to use prudence, awareness and good sense and conduct myself wisely and responsibly in my use of teleconferencing software, in order to protect my confidentiality and the confidentiality of any and all others who may also choose to teleconference with ConneXions Classroom.

Signature: _____ Date: _____

Connexions Coaching

233 S. Pleasant Grove Boulevard, Suite 101
Pleasant Grove, UT 84062
(801) 785-4111 or (801) 874-7691

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____ whose birthdate is
_____ hereby authorize my Connexions Coach and/or Connexions
Coaching staff to:

Release Information To: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Relationship to Client: _____

It is requested that the following specific information be provided:

_____	All Treatment Related Information and Scheduling	_____	Any & All Financial Information Released to Third Party
_____	Treatment Goals and Results	_____	Other (Specify)
_____	Coordination With Other Service Providers	_____	_____

In consideration of this consent, I hereby release Jodi Hildebrandt, Connexions Coaching and Connexions Classroom Inc. and it's staff from any and all liability arising therefrom.

Client or Guardian Signature: _____

Date: _____

Witness: _____

CONNEXIONS CLASSROOM INTAKE FORM

Date _____ Social Security No. _____
Name _____ DOB _____ Age _____
Address _____
City _____ State _____ Zip _____
Phone Numbers: Daytime _____ Work _____ Other _____
Occupation _____ Highest Level of Education _____
Emergency Contact _____ Phone(s) _____
Address _____
City _____ State _____ Zip _____
Relationship _____

Family Physician _____ Phone Number _____
Referred by _____
Address _____
City _____ State _____ Zip _____
Will This Person Need to be Contacted? _____
May We Send Information About This Program? _____
Psychiatrist/Counselor _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Will This Person Need to be Contacted? _____
May We Send Information About This Program? _____

Do You Hold Any Professional Licenses or Certifications? Y / N

If YES, by what organization? _____

List Current Prescription Medications _____

Prescribed by Dr(s): _____

Dosage (How much, how often) _____

What for? _____

How Long? _____

Over-The-Counter Medications _____

What for? _____

How Long? _____

With Whom Do You Now Live? List People and Relationship(s) _____

I give SunRISE Counseling Center permission to call my family doctor/therapist/EAP as necessary.

Signature of Group Member

Print Name of Group Member

Date _____

Signature of Group Leader _____

Jodi N. Hildebrandt, LPC, MS

Psychotherapy • Addiction Expert • Relationship Counseling • ConneXions Coaching

Helping people maximize their potential and achieve their goals

CLIENT DATA FORM

Date: _____

Name: _____

Occupation: _____

Business Name: _____

Home Address: _____ Preferred Address

Business Address: _____ Preferred Address

Day Phone: _____ Evening Phone: _____

Fax Line: _____ Cell Phone: _____

E-mail Address: _____

Okay to leave messages everywhere? ____ If not, explain: _____

Preferred means of communication: _____

Date of Birth: _____ Age: _____

Other Significant Dates: _____

Preferred Coaching Schedule: on (day of week) _____ [or] (time of day) _____

Names of important people in your life (spouse, partner, children, friends, etc.):

Other information you want me to know: (You may continue on back of page.) _____

How did you hear about my coaching services? _____

What influenced your decision to work with a coach? _____

Have you ever been coached? If so, please describe the experience.

What specific goals would you like to accomplish in the next three months?

What one major goal would you like to address within the next 12 months? _____

What are your significant concerns? _____

What are your dreams? _____

What dreams have you given up on? _____

Where do you want to focus first? _____

What parts of your life are working best now?

What parts of life are working least well?

What are your values? _____

What stops you from having the life you want to have? _____

List 3 things you are tolerating in your present life (procrastination, living in fear, disconnection of a relative, tight muscles, dirty home, can't communicate with spouse, etc). _____

THE FIRST STEP: DE-CLUTTERING

We put up with, accept, take on, and are dragged down by people and situations that we may have come to ignore in our lives rather than fix them. Now is the time to identify those things that drain your energy for positive activities. As you think of more items, add them to your list.

You may or may not choose to do anything about them right now, but just becoming aware of and articulating them will bring them to the forefront where you'll naturally start eliminating, fixing or resolving them.

ENERGY DRAINERS AT WORK

ENERGY DRAINERS AT HOME

1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)
8)	8)
9)	9)
10)	10)
11)	11)
12)	12)
13)	13)
14)	14)
15)	15)
16)	16)
17)	17)
18)	18)
19)	19)
20)	20)

BALANCING YOUR LIFE

Place a value from 1-10 in each sector representing the degree of fulfillment you experience in each area.

MISSION STATEMENT OF VALUES

Spirituality ____

Community Service ____

Health & Fitness ____

Family & Friend Relationships ____

Recreation ____

Finances ____

Career & Job ____

Personal & Intellectual Growth ____

BALANCING YOUR LIFE

TEMPLATE FOR PERSONAL VISION STATEMENT

I strongly believe that we are each the creator and director of our own life drama, able to create “on purpose” what our life will look like, feel like, and be like.

It is your opportunity and responsibility to write the script, be the producer and director, and to gather the other characters in your life drama. Some people live painful dramas or unfulfilling dramas, but if you are conscious and on purpose with what you want your life to be, it has a much greater chance of evolving into your vision.

So how does one begin designing one’s life? First of all you can begin to revisit and remember dreams and desires from your younger years. What drove you? What did you want to become? Who did you admire? Divide your life into thirds and ask yourself what accomplishments or happy events occurred in each third of your life? What values were represented? Are those values still present?

Exercise: My personal lifestyle

Read through the following sentences and answer as if your life were exactly as you would like it to be. Let this be an accurate reflection of what you envision for your ideal life. After you have completed all these pieces of your Personal Vision, you can write a summary paragraph that encapsulates all your intentions, desires and values.

1. In my family life I am committed to _____
_____ (spending time with, enjoying, teaching, working with, taking care of) my _____ (spouse, partner, friends, family and/or children).
2. For recreation and fun, I enjoy _____

3. My home environment will be _____

(nurturing, comfortable, a place for entertainment, on the water, spacious, have a home office, in the city, in the country, etc.)
4. My retirement home will be _____
_____ (a cabin in the mountains, a seaside condo, a small restored Victorian home, a large, spacious home to accommodate visiting grandchildren and guests, a large motor home, a houseboat.
5. My hobbies, passions, interest are _____

(world travel, politics, reading, writing, sports, gardening, martial arts, etc.)
6. I will maintain (or regain) my health by _____

(exercising, eating healthy foods, lowering my stress, meditating, etc.)

Exercise: My professional life

1. I will concentrate my practice in the areas of _____

_____ (fill
in with niche or types of clients).

2. My office environment will be _____

_____ (spacious, comfortable, a home office, efficient, well-organized, etc.)

3. My financial plans are to _____

_____ (earn a minimum of _____ per year, save 20% of my income, leverage my investments to retire at age _____ with a yearly income of _____, allow for 4 vacations a year, buy a retirement home, etc.)

4. My business philosophy is one of _____

_____ (integrity, leadership, dedication to my clients, providing superior coaching and modeling for my clients, being known as an expert in my specialty, etc.)

PERSONAL VISION WORKSHEET

Using the information you have gathered about yourself in the preceding exercises, write your personal Vision in paragraph form. You may do a rough draft and then polish it in the weeks to come.

In my personal life I am committed to _____

In my professional life I am committed to _____

GOALS

What goals, aspirations, desires, and intentions do you want to accomplish in the first six months of life coaching?

Business:

Personal:

What do you want to accomplish, change, or create in the first 30 days of life coaching?

Business:

Personal:

What I hope to gain from this coaching relationship:

Other things I'd like my coach to know about me:

SESSION PREPARATION FORM

DATE: _____

To get the most out of your coaching session it is best to spend several minutes preparing for it. Please email or fax me a copy before your session.

WHAT I HAVE ACCOMPLISHED SINCE OUR LAST SESSION...MY WINS OR VICTORIES.

WHAT I DIDN'T GET DONE, BUT WANT TO BE HELD ACCOUNTABLE FOR

CHALLENGES I AM FACING RIGHT NOW

WHAT I AM APPRECIATIVE OF OR GRATEFUL/THANKFUL FOR?

HOW DO I WANT TO USE MY COACH TODAY AND WHAT DO I WANT TO GET OUT OF THIS CALL?

WHAT I COMMIT TO DOING BEFORE THE NEXT SESSION.

Connexions Coaching

233 S. Pleasant Grove Boulevard, Suite 101
Pleasant Grove, UT 84062
(801) 785-4111 or (801) 874-7691

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____ whose birthdate is
_____ hereby authorize my Connexions Coach and/or Connexions
Coaching staff to:

Release Information To: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Relationship to Client: _____

It is requested that the following specific information be provided:

_____	All Treatment Related Information and Scheduling	_____	Any & All Financial Information Released to Third Party
_____	Treatment Goals and Results	_____	Other (Specify)
_____	Coordination With Other Service Providers	_____	_____

In consideration of this consent, I hereby release Jodi Hildebrandt, Connexions Coaching and Connexions Classroom Inc. and it's staff from any and all liability arising therefrom.

Client or Guardian Signature: _____

Date: _____

Witness: _____