

LIFE COACHING PREPARATION FORM

Kimberly E. McMahon, M.Ed., Certified Life Coach

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Name:

Birthday:

Contact phone number(s):

Email:

Address:

Whom may I thank for sending you my way?

Education History (interests, majors, specialties):

Professional History:

Tell me about your family:

Bullet-point your life story below. Start from your birth and end now. (Please only use one page.)

In general, what do you hope to get from our work together?

Based on these hopes, list one or two goals you have for our work together:

Now, make your one or two goals *even more* specific:

1. Write one paragraph about YOU. Who are you right now in your life?

2. Write one paragraph about your IDEAL YOU. Who do you want to be?

3. What is the gap size between #1 YOU and #2 IDEAL YOU (you can define the gap however you'd like—in words, in a picture or drawing, in a line graph, etc.)?

4. Imagine hovering above and observing yourself while answering the following questions:

How do you tend to react to positive situations?

How do you tend to react to negative situations?

How do you tend to react to change?

5. With what part(s) of your life are you most happy and fulfilled right now?

6. With what part(s) of your life are you the least happy and fulfilled right now?

7. What are the 5 most common thoughts (general or specific) that run through your mind daily (you may need to skip this question to note your thoughts for a few of days)?

8. When, in your life, were you the happiest?

9. When are you currently the happiest?

10. What is the best part of your day?

11. What are you ridiculously good at?

12. Name 5 things you loved doing as a child.

13. Name 5 things you love doing now as an adult.

14. What would you dream if you knew you could not fail?

15. What do you fear? Circle the one that is currently your biggest fear.

16. What must change now?

Let's Get Started... on a GRATITUDE JOURNAL

Every evening from here forward, write down three things (any thing) for which you are grateful from that day, and email them to either that evening or in the morning.

LIFE COACHING AGREEMENT

Kimberly E. McMahon, Ed.M., Certified Life Coach

www.kimberlyemcmahon.com

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OUR DESIGNED ALLIANCE:

Our relationship, as client and coach, is a designed alliance. It is “designed” because it is customized to meet your exclusive needs and to support your unique goals and vision. It is an “alliance” because you and I are both intimately involved in co-creating the coaching experience.

As your coach, I have the powerful questions that will lead you, and only you, to discovering your truth and answers. You are naturally creative, resourceful, and wise. My job is to help you articulate your dreams, desires, goals, mission, and purpose, and help you achieve them.

COMMITMENT:

You are hiring me as your coach because you want to make significant changes in your life. These changes will sometimes happen quickly and sometimes slowly—both have their benefits. As your coach, I am your partner and your champion. I, like you, am 100% committed to *your* growth and success.

We will work together as coach and client for “Sustainable Change.” Upon completion of this twelve-session package, we will review and evaluate our coaching relationship. If desired, the coaching relationship will continue as chosen.

COACHING SESSIONS:

Throughout this relationship, we will engage in direct and personal conversations that address your goals and desires. For you, we will clarify values, explore new perspectives, brainstorm ideas, identify plans of action, and examine limiting beliefs. As your life coach, I do not provide therapy or counseling; I do provide honest and straightforward feedback, guidance, and support.

Please know that it is your choice and responsibility to implement and pursue only that with which you are comfortable. You are responsible for and free to choose your own results, any actions you take, and any decisions you make from our work together. _____ (Client Initials)

CANCELLATION POLICY:

Rescheduling an appointment with advance notice is easy; if you have a conflict, we can work around it. However, I have a 24-hour cancellation or rescheduling policy; a cancellation or missed appointment within 24-hours will be considered a paid hour.

I, _____, understand that if I schedule an appointment with Kimberly McMahon, EdM, Certified Life Coach, I will be responsible for the full charge of the session should I need to cancel and do not provide Kimberly 24-hour notice prior to the scheduled appointment. _____ (Client Initials)

ADDITIONAL TIME:

I love to hear from my clients in between sessions. Please always feel free to contact me via email (k@kimberlyemcmahon.com) between our coaching sessions for any reason—if you need input or a sounding board, if you want to share an experience with me, or if you would like to simply check-in. I do not charge for additional time of this

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nature. I vow to get back to you within 24 weekday hours.

CONFIDENTIALITY:

As your coach, I guarantee that all your information, your work, and the content of our sessions will be held in the strictest confidence unless permission is otherwise given, and/or unless I feel that you may do harm to yourself or another being.

ADJUSTMENTS:

My goal is for you to gain the most from our coaching relationship and to work myself out of a job. It is important that the coaching relationship remains empowered through open and honest communication. If for any reason you feel uncomfortable, confused, or uncertain about the direction of the coaching relationship, it is your responsibility to bring it to my attention immediately. Together we can design and refine our focus.

PAYMENT:

You have chosen to purchase the _____ [For Office Use Only] coaching package, which entails _____ [For Office Use Only] 50-minute coaching sessions for _____ [For Office Use Only]. We agree that payment will be paid in full by our first coaching session. The fee structure for this package reduces the price of each session. There is no refund or credit for unused sessions. The package expires six months after this contract's signing date.

Coaching is my passion, and it is an honor to help you create the results you want for yourself and your life. Thank you for joining me!

I have had the opportunity to read and discuss all of the above information, and I fully understand all of its meaning and its terms. I am aware of and accept these policies noted above.

I have signed this contract freely and without any inducement or assurance of any nature and intend it to be a complete and an unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I hereby consent to this coaching agreement with Kimberly McMahon, Ed.M., Certified Life Coach, based on this understanding.

Client Signature: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Coach Signature: _____ Date: _____

OMBE Privacy Policies Notice

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This notice describes how your medical information may be used and disclosed, how you can access this information, and how your privacy is being protected at OMBE. OMBE, all health care providers at OMBE, and all associates providing service at OMBE are required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. The privacy of your medical records is important to us and we are committed to protecting your medical records. We create a record of the services you receive at OMBE in a paper chart and on a computer. We need this record to provide you with quality care and to comply with certain legal requirements. In order to maintain the service level that you expect from a health care office, we may need to share limited personal medical and financial information. Your medical records are the property of this health care office, but the information in the medical record belongs to you. This notice also describes your rights and certain duties we have regarding the use and disclosure of medical information.

How OMBE May Use or Disclose Your Health Information

Treatment: We use medical information about you to provide your health care. We may disclose your health care information to other health care providers within our practice for the purpose of treatment, payment or health care operations. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with OMBE. We may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may share this information with a physician who will need to treat you, or a laboratory that performs a test.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. For example, we may disclose your health information to your insurance provider or a third party for the purpose of payment, to receive prior approval, or to determine whether your plan will cover the treatment.

Workers' Compensation: We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Health Care Operations: We may use and disclose medical information about you to operate this health care practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence, and qualifications of our staff. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud detection and compliance programs. We may also share your medical information with our "business associates", such as our appointment scheduling and billing service that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. Additionally, the health care practice has an open waiting room where patients may be seen by other patients. The secure area around the front desk also has a computer and fax machine that may be visible to the public. This area is limited to OMBE staff and health care providers only and the computer has an automatic screen saver that is activated after two minutes without activity.

Appointment Reminders: We may contact you for appointment reminders. If you are not available, we may leave a message via email, a voicemail inbox, answering machine, or with the person answering your home phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Notification and Communication with Family: We may disclose your health information to notify a family member or another person responsible for your care about your location and general condition in the event you are sick or injured. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. We may disclose this information in an emergency situation.

Marketing: We may contact you to give you information about products or services, case management, care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We do not disclose your personal contact information including your phone number or email address to any third party for marketing or solicitation.

Required by Law: When the law requires us to report abuse, neglect, domestic violence, we will comply with the relevant legal requirements. We may, and are sometimes required by local, state, or federal law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or

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missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Health & Safety: We may and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder, or dependent adult abuse or neglect; and reporting domestic violence. We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Special Government Functions: If you are a member of the armed forces, we may release protected health information about you if it relates to military and veteran activities. We may also release your protected health information for national security purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Deceased Persons: We may disclose your health information to coroners, medical examiners, funeral directors, or organizations involved in procuring, banking, or transplanting tissues.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit in our use or disclosure. We reserve the right to accept or reject your request, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable communication requests submitted in writing.

Right to Inspect and Copy: You have the right to inspect and copy your health information. To access your health information, submit a written request detailing the information you want access, inspect, or copy. We will charge a reasonable fee, as allowed by federal law. We may deny your request under limited circumstances. You have the right to appeal our decision if we deny access your child's records in the case that access could cause harm to your child.

Right to Amend or Supplement: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about OMBE's denial and how you can disagree with the denial within thirty (30) days of receipt of your written request. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this office, except that this office does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the Treatment, Payment, Health Care Operations, Notification and Communication with Family paragraphs. Additionally, this office does not have to account for disclosures otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this office has received notice from that agency or official that providing this accounting would be likely to impede their activities.

More About OMBE's Privacy Policy: We reserve the right to amend this Privacy Policies Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all protected health information that we maintain. You have the right to request a current copy of this Notice which is maintained on our website and at the front desk. If you would like a more detailed explanation of these rights, to exercise one or more of these rights, or submit any complaints in regards to this Notice, please contact our Privacy Officer, Jessica Molleur. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint without the risk of penalization to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

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OMBE Privacy Policies Acknowledgement

I have received, read, and understood OMBE's Privacy Policies Notice. I understand how this health care office and its health care providers may use or disclose my health information. I understand when this health care office may not use or disclose my health information. I understand my health information rights and understand that the office reserves the right to change the Privacy Policies Notice. I also understand how to place a complaint regarding this Notice and have also been provided the opportunity to review and question the privacy policies of this health care office.

Signature of Patient or Authorizes Representative

Date