



Health Coach Agreement – Initial Visit

This agreement between UI Wellness and _____ will begin on _____ and will continue for a minimum of 10 weeks, not to exceed 16 weeks.

The service provided to the client is coaching, as designed jointly with the Client. Coaching will address a specific health behavior goal.

The time agreement is:

- Week One - An initial intake session of 60 minutes.
- Week Two – Ten: Four(4) 15 – 30 minute follow-up sessions.
- One-month and three-month follow-up visits done in person, via phone, or email

Roles & Responsibilities

The Client

1. Leads the session, asks for what he/she wants and lets the coach know what is working and not working in the coaching relationship
2. Defines, clarifies and commits to specific action steps
3. Takes responsibility for actions
4. Gives 24 hours notice if needs to change an appointment, and it will be rescheduled. If less than 24-hour notice is given, a makeup appointment will only be scheduled if feasible within the coach’s schedule, or the visit can be held via e-mail or telephone.
5. Will complete the online PHA upon completion of the Health Coach Service.

The Coach

1. Supports the Client in his/her change
2. Supports the Client in defining and clarifying specific action steps
3. Asks questions to assess the level of the Client’s commitment to the action steps
4. Tracks the Client’s progress
5. Discusses options and possibilities while the Client does the work
6. Respects the Client’s willingness to be truthful and keeps all information strictly confidential
7. DOES NOT process dilemmas, resolve interpersonal disputes or weigh the pros and cons of a client’s decision

Both Coach and Client

1. Make calls and appointments on time. _____(client initials) _____(coach initials)
2. Commit to the principles of accountability, honesty and respect. ____ (client initials) ____ (coach initials)

All information provided will be kept strictly confidential pursuant to this agreement.

I have read and understand the above agreement and Roles & Responsibilities of the Coach/Client relationship.

Signature of Client: _____

Date: _____

Signature of Coach: _____

Date: _____