

# Health and Wellness Coaching Agreement

v8.2.22

## SERVICES

### Summary

This Health and Wellness Coaching Agreement outlines coaching services offered by Debbie Zuckerman through Green Lotus Yoga & Healing Center, in addition to a Complementary and Alternative Care - Client Bill of Rights. Please read the document in its entirety. The Client Bill of Rights (page 3) must be signed in order for coaching to begin. You may contact Debbie Zuckerman or Green Lotus Yoga & Healing Center with any questions pertaining to this document.

### Place of Business

Green Lotus Yoga & Healing Center

### Primary On-Site Location, Virtual Sessions Available

750 Main Street, Suite 100  
Mendota Heights, MN 55118

### Contact Information:

(651) 319 9525  
info@greenlotusyogactr.com

### Health and Wellness Coach

Debbie Zuckerman, MA, NBC-HWC  
debbie@centerpiecewellness.com

The following information provides details about Debbie Zuckerman's qualifications and approach.

### Coaching Qualifications

Debbie Zuckerman is a National Board Certified Health and Wellness Coach (NBC-HWC) with a MA in Integrative Health and Wellbeing Coaching from the University of Minnesota, Center for Spirituality and Healing.

#### Additional Certifications and Trainings

- The Power of Awareness, Tara Brach/Jack Kornfield
- Mindfulness Daily, Tara Brach/Jack Kornfield
- Registered Yoga Teacher, RYT 200, Green Lotus Yoga & Healing Center
- Mindfulness and Meditation, Green Lotus Yoga and Healing

### Coaching Approach and Process

- Debbie will review the following coaching approach and process in your free discovery/initial session, and continue to answer questions as they arise. She will provide a safe, confidential, non-judgmental, and compassionate space and uses a holistic, mind-body perspective in each session to support your self-awareness and personal growth. Sessions are client-directed as Debbie will not tell you what to do, but instead will act as your guide, thus providing insights and resources per your request, or as deemed necessary per the Bill of Rights agreement below. As a NBC-HWC, she adheres to the NBHWC Code of Conduct and Scope of Practice guidelines.

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- A coaching plan will be agreed upon by you and Debbie in the initial session, and can be modified as needed. Sessions include an optional grounding practice, check-in, exploration, “goal” setting/planning, and session takeaways/insights. Debbie’s coaching philosophy is meant to help you, the client, explore your values, strengths, and passions to guide you toward meaningful and lasting lifestyle modifications and improvements that are authentic to you, the client. As a health and wellness coach, she believes that you, the client, are ultimately the expert in your health and wellbeing journey and will guide you to increase awareness and trust in your innate wisdom.
- As a health and wellness coach, Debbie does not diagnose or treat mental or physical illness, and can provide a referral instead. Similarly, she can assist you, the client, with the prevention and/or management of a clinical condition(s) through lifestyle and behavioral modifications. Part of health and wellness coaching is to support clients, if they choose, should they become aware of additional conventional, complementary, and/or alternative care resources that may support them. In this case, Debbie can continue to support you, the client, as you explore and receive additional care.

## **Insurance**

Health and Wellness coaching services are not covered by insurance at this time and therefore cannot be accepted.

## **Scheduling and Appointment Reminders**

Scheduling and appointment reminders are managed and maintained through Green Lotus Yoga & Healing Center.

## **Fees and Cancellations**

Sessions are payable upon receipt of services via credit card or cash payment. Cancellations should be made 24 hours or more before sessions to receive a full refund. Please refer to Green Lotus Yoga & Healing Center’s fees and cancellation policies for additional details and information.

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## COMPLEMENTARY AND ALTERNATIVE CARE - CLIENT BILL OF RIGHTS

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.**

While some health and wellness coaches are licensed in other professions, no licensing exists for the health and wellness coaching profession at this time. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, mental health professional, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

- You have the right to express concerns or file complaints with: Office of Unlicensed Complementary and Alternative Health Care Practice, Minnesota Department of Health, Health Occupations Program, PO Box 64882, St. Paul, Minnesota 55164-0882. Phone: (651) 201 3721.
- You have a right to reasonable notice of changes in services or charges.
- You have the right to complete and current information concerning the health and wellness coaching assessment and recommended service which is to be provided, including the expected duration of service.
- You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the health and wellness coach.
- Your records and transactions that take place during sessions with the health and wellness coach are confidential and securely stored by the coach unless release of these records is authorized in writing by you, or otherwise provided by law.
- If there is any reason to believe that you may hurt yourself or another person, your health and wellness coach is mandated to report this concern. This includes any suspected child abuse (of persons under age 17), sexual activity of minors, and suspected abuse of the elderly or otherwise vulnerable adults.
- You have the right to access and read your records in accordance with section 146A.11.
- Clients have the right to other health and wellness coaching services that may be available in or outside of the community; you also have the right to choose freely among available coaching practitioners and to change coaching practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs; Clients may refuse services unless otherwise provided by law.
- You have the right to a coordinated transfer of your records with any change in the provider of services. Your records will be transferred at your request.
- You have the right to refuse health and wellness coaching at any time during a session.
- You may assert the above mentioned rights without retaliation.

I \_\_\_\_\_ acknowledge by my signature, that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights for Health and Wellness Coaching Services.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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## RELEASE OF INFORMATION (ROI - Optional)

I, \_\_\_\_\_ (print first and last name) consent to communication between the person(s) designated below and my Health and Wellness Coach, Debbie Zuckerman, as it relates to my health and wellbeing on an as needed basis. I understand information shared by my coach will be minimal to protect my privacy according to HIPAA guidelines that are recommended for National Board Certified Health and Wellness Coaches. The information exchange will be such that the person(s) I designate below may share health and wellbeing information that they deem relevant to my care and/or regarding logistics such as scheduling. I understand that I have the right to be kept informed of the information exchange per my request.

By signing this form I consent to and understand the purpose of this ROI.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

1) First and Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Preferred Contact Information \_\_\_\_\_

2) First and Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Preferred Contact Information \_\_\_\_\_

3) First and Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Preferred Contact Information \_\_\_\_\_