

**Carrie Heron, LICSW  
Unstruck, LLC**

**Coaching & Mentoring Agreement**

**Welcome:** Before starting our work together, it is important for you to understand what to expect, as well as your rights and responsibilities. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign the document or at any time in the future.

**My credentials and experience:** I have a Master's degree in Social Work from the University of Washington. I have been working as a facilitator, coach, and consultant in non-profit organizations for over twenty years. And I am a Licensed Independent Clinical Social Worker (LICSW), credentialed by the State of Washington (License #LW70042652).

**About my coaching and mentoring practice:** I offer people support and guidance for developing new skills, behaviors, and competencies to achieve their goals. I draw on my training in social work, ACT (Acceptance and Commitment Therapy), and my professional experience to create a space in which clients feel safe, while at the same time finding their growing edge to make changes within themselves and their lives.

**Disclaimer:** While coaching and mentoring are processes intended to enable growth and change, they are not a substitute for therapy, medical treatment, or legal advice. Any changes you adopt during our work together are entirely your choice and responsibility.

**What to expect:** In our first session, we will spend time getting to know each other. I will ask you to share more about your goals and intentions for our work together and I will explain more about what the process might entail and we will review the consent forms and make sure all your questions are answered.

**Fees:** Individual coaching and mentoring is billed at rate of \$150 per hour session. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by check or credit card (via IVY Pay).

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**Cancellations:** There will be no charge for cancellations made at least 24 hours prior to scheduled appointment. Any cancellations within less than 24 hours of the appointment will result in full payment for the missed session.

*Sliding scale:* Please ask about the sliding scale option if you are unable to make the full payment due to any circumstances.

**Professional Records:** I keep brief records noting that you were here, your goals, and the topics we discussed. These records are stored in a confidential location.

**Confidentiality:** I will treat the information you share with me during our sessions as confidential information and will not disclose that information without your consent. In the following instances, however, I may be mandated or allowed to share information without your written consent:

- If you are involved in a civil or criminal lawsuit, a judge can order your file be turned over to the court
- If you make statements that a child, elderly, or disabled person has been abused or neglected, law requires me to report that information to the appropriate authorities
- If you make statements that indicate you intend to harm yourself or others, I may report that information to the appropriate authorities

*Please see Notice of Privacy Practice (HIPAA) document for more information.*

**Email notifications:** When appointments are scheduled, automatic email reminders for your appointment will be sent to the email you used when scheduling your first appointment. By signing this consent form, you agree to receive these notification, and verify that you understand that email is not a confidential medium for transmitting information.

**I have read the above agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.**

**Print name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_