

**Leslie Connolly, LCSW**  
207-831-9871  
[lconnollylcsw@gmail.com](mailto:lconnollylcsw@gmail.com)  
leslieconnollylcsw.com  
25 Middle St. Portland, ME 04107

## **Coaching and Consultation Practice Policies**

### **Appointments and Cancellations**

Cancellations and rescheduled sessions will be subject to a late cancellation fee which is the full amount of the session **if not received at least 24-hours in advance**. For a session scheduled on a Monday, 24-hours notice of cancellation must be provided by the prior Friday. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

### **Social Media and Telecommunication**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, this writer does not accept friend or contact requests from current or former clients on any social networking sites. This writer believes that adding clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundary of our coaching relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **Electronic Communication**

This writer cannot ensure the confidentiality of communication through electronic media, including text messages. For this reason, this writer reserves all electronic correspondence for logistics and scheduling purposes only. Please do not use these methods of communication to discuss sensitive information or request assistance for emergencies.

### **Termination**

This writer may terminate our work together if this writer determines that the coaching is not being effectively used, or if you are in default of payment. This writer will not terminate our relationship without first discussing the reasons and purpose of terminating. If this writer believes therapy services with a licensed professional in your state are needed or merited, and this writer recommends that you seek them. This writer will provide you with the names of some qualified therapists in your area. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for four consecutive weeks (unless other arrangements have been made in advance) for legal and ethical reasons, this writer must consider the professional relationship discontinued.

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## **Informed Consent for Coaching Services**

### **General Information**

The coaching relationship is unique in that it is personal and at the same time, a contractual agreement. Given this, it is important for us to share a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to share questions or concerns with this writer. Please read and indicate that you have reviewed this information and agree to it by signing your name and today's date at the end of this document.

### **The Coaching Process**

The outcome of our work together will depend largely on your willingness to engage in the coaching process which may at times feel challenging and uncomfortable, this is a natural aspect of the process of change and development. This writer cannot guarantee that your behavior or circumstances will change, but will do their best to help you clarify your goals and objectives, and facilitate the attainment of said goals and objectives.

It is important to note that while this writer is a Licensed Clinical Social Worker in the state of Maine, they will not be offering you counseling services. Relational or personal coaching is different from counseling in that it requires a level of capacity in the client, and that the client can tolerate the process of direct input without it overwhelming them or compromising their general functioning. While effective coaching sometimes addresses family of origin patterns and history, it does so with an aim to uncover capacity and potential within the client with a forward focus on the client living up to their relational and personal potential. If this writer at any time determines that coaching is not the right fit they will facilitate you finding a suitable therapist locally to offer the support or type of therapeutic help that you need to augment our work, or in place of our work.

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### **Confidentiality**

The session content and all relevant materials to your coaching will be held confidential unless you request in writing to have all, or portions of, said content released to a specifically named person or persons.

Limitations of confidentiality are explained below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm
2. If a client threatens grave bodily harm or death to another person
3. If this writer has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses
5. Suspected neglect of the parties names in items #3 and #4
6. If a court of law issues a legitimate subpoena for information stated on the subpoena
7. Occasionally, this writer may need to consult with other professionals in order to provide the best coaching to you. Information about you may be shared in this context without using your name.
8. If you see this writer, and/or anyone affiliated with them in any context outside of your online meetings, they will not acknowledge you first. However, if you acknowledge this writer, or a person affiliated with this writer, first, this writer will be more than happy to speak with you briefly. To protect your right to privacy and confidentiality this writer will not engage in any lengthy discussion in public or outside our meetings.

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## **COACHING CONSENT AND DISCLOSURE**

By signing below, I understand and acknowledge all of the following:

### **Required Disclosure**

Leslie B. Connolly, (heretofore referred to as “Coach”) The services offered by Coach are alternative or complementary to healing arts services licensed by your state. Although Coach is a licensed clinical social worker in Maine and New York, Coach is not functioning in the role of a licensed therapist during these coaching sessions, but rather, using their training to inform the activities.

### **Nature of Services**

Coach will offer life coaching which involves guiding clients to make thoughtful, manageable lifestyle adjustments to improve overall well-being and vitality. In addition, Coach may provide relationship education and guidance.

### **Theory**

The theory upon which the services are based is as follows: coaching involves attuning the client to their own goals and behavior and relational patterns, so clients can release constricting beliefs, make change in restricting behavior and relationship patterns, and achieve overall improvement in intra and interpersonal relationships.

### **Education, Training, Experience**

Coach’s education, training, experience, and other qualifications are as follows: 22 years of clinical practice as a clinical social worker and life coach. Training in EMDR, mindfulness, Internal Family Systems therapy, Narrative Therapy, trauma-informed therapy, principles of Polyvagal Theory and Body Oriented therapy. Additionally, coach’s training in couples therapy includes the Developmental Model and the Crucible Model.

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1. No Therapy: Most states do not prohibit individuals from offering coaching or mentorship services. However, states require a license in their state to practice medicine and therapy to undertake the diagnosis, prevention, treatment, or cure of any disease, pain, deformity, injury, or physical or mental condition and require a license to state that any product or service might cure any disease, disorder, or condition. Thus, in the role of coach, Coach does not offer therapy, or therapeutic diagnoses.
2. No Guarantee: I recognize that Coach cannot guarantee results or any specific outcomes from our work together. I am solely responsible for any action taken based on my interpretation of any information presented.
3. Right to Discontinue Services: I understand that Coach has the right to refuse to continue delivering services at any time for any reason whatsoever and will refund the client's advance payment for the portion of unused services.
4. No Medical or Psychological Services: I am not engaging Coach for any medical or psychological services. I understand that Coach does not diagnose, treat, or claim to do any medical or psychological treatment, and that Coach's services are not designed to replace conventional treatment methods of medical or psychological conditions. I also understand that Coach does not offer therapy for emotional or mental disorders. I am responsible for my own health care decision-making by obtaining any necessary consultations with appropriately licensed health care professionals such as physicians and psychologists. In case of an emergency, I will call 911 and in case of need for medical or psychological assistance I will contact my appropriate medical or licensed mental health care provider.
5. My Responsibility for My Self-Care: I understand that any relational or inner-directed work, or self reflection can bring up distressing feelings, images, thoughts and behaviors. I agree to seek medical assistance or psychotherapy, or any other appropriate physical or mental diagnosis and treatment from a practitioner duly licensed in my state of residence (such as a licensed medical doctor or licensed psychologist), if I find that these distressing aspects create a danger for myself or for others.
6. No Mental Illness: I acknowledge that I have not been hospitalized for any psychiatric condition within the last ten (10) years, nor have charges been brought against me based on my behavior.

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7. Assumption of Risk: I knowingly and voluntarily decide to receive the services described above, and I knowingly and voluntarily assume all risks involved in the same. As a result of my assumption of these risks, I agree to release, hold harmless, indemnify, and defend Coach and their agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of or in connection with use of the services described above, or arising out of or in connection with referral to other practitioners or merchants for delivery of any services.

8. Cancellation: I understand there is a 24-hour appointment cancellation policy and that if I miss my scheduled appointment or cancel within less than 24-hour notice, I am responsible for the full cost of the session. If appointments are scheduled on a Monday, I will provide 24-hour cancellation notice on the prior Friday.

9. Financial Responsibility: I understand that Coach does not accept insurance nor negotiate with insurers, and that Coach's services are likely not reimbursed by any insurer. I am financially responsible for my session and agree to pay the charges incurred. Coach does not accept partial payment or waive payment.

10. Fee: The fee sessions with Coach are as follows: \$150 per 55 minute session, \$245 per 90 minute session, \$325 per 2 hour session, and \$475 per 3 hour session. Longer sessions are offered for intensives.

11. Telecommunication Used: Electronic Communication: Coach may provide services via videoconference. Benefits include easier access to communication and convenience; risks include technology failure, interruptions, poor connection. While Coach will work to maintain confidentiality, Coach cannot ensure or guarantee the confidentiality of any communication through electronic media, including email and text messages, even if I transmit sensitive information through such media.

12. Social Media: I understand that to maintain confidentiality, Coach typically does not accept "friend" or contact requests via social media to a personal account.

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13. Confidentially: I understand that the session content and all relevant material to coaching will be held confidential unless I request in writing to have all or portions of such content released to a specifically named person/persons. I understand that limitations of confidentiality exist and are itemized below:

1. If Client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm
2. If Client threatens bodily harm or death to another person
3. If Coach has reasonable suspicion that Client is the perpetrator, observer of, or victim of physical, emotional or sexual abuse of a child or elderly person
4. If a Court of law issues a subpoena for information stated on the subpoena

**Consent for Telehealth Consultation with Leslie Connolly (“Coach”)**

14. I understand that Coach wishes for me to engage in a telehealth visit.

1. My Coach explained to me how the video conferencing technology that will be used to conduct such a visit will not be the same as a direct client / coach visit, due to the fact that I will not be in the same room as the Coach.
2. I understand that a Telehealth visit has potential benefits including earlier access to Coach and the convenience of meeting from any location of my choosing.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that either the Coach or I can discontinue the Telehealth visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I have had a direct conversation with Coach, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in language I can understand.

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Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer/Occupation: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Other Medical Providers: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_  
Emergency Contact (name & phone & email): \_\_\_\_\_  
\_\_\_\_\_  
Reasons for seeking coaching: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_