



Informed Consent

Disclosure Statement and Agreement for Services

This Agreement set forth between you ("client", "I", "you" or "your") and Ever Solace ("Ever Solace", "we", "us" or "our") is intended for Coaching not Therapy. While coaching can assist with identifying personal limitations in order to accomplish specific life goals, and changing the behaviors that are creating these limitations, coaching does not address mental health concerns such as Depression and Schizophrenia. You must consult with a Physician and/or Licensed Mental Health Professional in your location for any concerns related to your mental health. If you have been diagnosed, the coaching services provided is not intended as a form of treatment or cure for that condition. By signing this agreement below, you understand the difference in these two models and you will get appropriate professional help for any mental health issues if necessary.

Cost of Services

Coaching services are not covered by insurance. Payments are due at the time of your coaching appointment in the form of cash, check or Paypal. I do offer packages at a reduced rate.

Appointment Scheduling and Cancellation Policies

A 24-hour advanced notice is required if you must cancel or reschedule your appointment. Our policy for missed/late cancellations is a service charge of \$50.00. Please help us to serve you by notifying us as soon as possible if you must change or cancel your appointment.

Confidentiality

All information obtained in the course of the professional service is held to the utmost confidentiality unless there is a warranted professional reason for its disclosure. I am mandated by law to report the following case scenarios:

- (1) When a client poses to be imminent risk to be a danger to themselves or others,
- (2) When requested by a court of law through subpoena,
- (3) For purposes of professional supervision (in which case, your name and identifying information will not be used),
- (4) Disclosure of child abuse or elderly abuse.

The Coaching Process

Your coach's style of coaching is person-centered and strength-based. With your permission, you can also explore spiritual practices during sessions with your coach such as Human Design and Oracle Readings. We offer no guarantee that the services provided will yield favorable results. I recognize that we cannot guarantee results or any specific outcomes from working with your coach. I am solely responsible for any action taken based on my interpretation of any information presented.

Telehealth

Although services can be provided face to face depending on location, I understand that Telehealth will be the most convenient way to work with my coach. Examples of this can include phone, virtual (i.e. Zoom, Google Meet), email, text, and audio messages. I understand the potential risks to this form of communication which include but are not limited to interruptions, unauthorized access, and technical difficulties. I understand that either the coach or I/we can discontinue the telehealth visit if it is felt that the connections are not adequate for the situation.



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Qualifications

Tamara Pierre is a Licensed Mental Health Counselor who holds a Master of Science degree in Clinical Mental Health Counseling from Nova Southeastern University since 2015. She is also a Certified Spiritual Coach through Transformations Academy since 2022. She follows the Code of Ethics of the American Counseling Association. She has over 8 years of clinical experience in the area of complex trauma, substance abuse, perinatal depression and anxiety, family systems, and domestic violence.

As the client, my signature below indicates that I have been provided a copy of the Informed Consent for Disclosure Statement and Agreement for Services. My signature below confirms my understanding of all the rules and responsibilities of both the client and the coach, in addition to understanding the financial terms and agreements. My signature constitutes my agreement and compliance to this document. I, as well as my coach, will abide by the stipulations listed herein.

Print Name

Client Signature

Date