**11 11 Healing Within Ltd**

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**Mental Health Coaching Disclaimer & Waiver**

 **1. Purpose of Coaching**

Mental health coaching is a professional relationship that helps clients improve their well-being, achieve goals, and develop coping strategies through structured conversations and support. Coaching is **not** a substitute for psychotherapy, counseling, or any form of mental health care or substance abuse treatment.

### 2. Not Medical or Mental Health Advice

I am not a licensed medical doctor, psychologist, psychiatrist, or licensed therapist. The services provided are not intended to diagnose, treat, or cure any mental health condition or medical disease. If you are experiencing significant mental health issues or are in crisis, please contact a licensed mental health professional, or call emergency services or a crisis line in your area.

### 3. Confidentiality

All information shared during coaching sessions will be kept confidential unless:

* Required by law (e.g., court order or mandatory reporting of abuse or threats of harm),
* There is an imminent risk of serious harm to you or others.

Please be aware that electronic communications (e.g., email, video conferencing) may carry inherent risks of confidentiality breaches.

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### 4. Client Responsibility

You understand that you are fully responsible for your physical, emotional, and mental well-being, including your choices and decisions. Coaching is a collaborative process and your progress depends on your own commitment and effort.

### 5. No Guarantees

While coaching can be effective, there are no guarantees regarding outcomes. Each individual responds differently, and progress may vary.

### 6. Fees, Cancellations, and Refunds

Cancellations 24 hours prior to the appointment will be charged in full. Payment for sessions must be paid in full prior to the session starting. Etransfer is the preferred method of payment ( mhhealingwithin@gmail.com ). There are no refunds for Coaching services.

### 7. Waiver of Liability

By participating in coaching sessions, you agree to release, waive, and hold harmless **11 11 Healing WIthin Ltd** from any and all claims, liability, or loss arising out of your participation, including any perceived failure to achieve desired outcomes.

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print, sign, and date this form and email it to mhealingwithin@gmail.com**