

BreakthroughM2 Program Registration

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: _____

Best way to contact you: _____ Can I leave a message? _____

Date of Birth: _____ Age: _____ Marital Status: _____

Occupation: _____ Position: _____

Additional Information

Are you currently under a physician's care? If so, please explain:

Please share any other pertinent health/life information about you that you would like me to know:

It is highly recommended that any individual under a physician's care for a medical/health/mental health issue, or are on prescribed medications, seek permission from their physician to participate in this weight loss/detox program.

Please note, Dr. Suzanne Nixon is not a medical doctor.

BreakthroughM2 Program Information:

Introductory Programs

- Discover BreakthroughM2 Lunch and Learn (\$55)

Individual Programs

- Just Get Me Started! (\$240)
- Basic BreakthroughM2 Program (\$660)
- Advanced BreakthroughM2 Program (\$790)
- Transition BreakthroughM2 Program (\$330)

Group Programs

- Basic BreakthroughM2 Group Program (\$325)
- Supplemental Individual Sessions (\$140 ea.)
- Transition BreakthroughM2 Group Program (\$260)

BreakthroughM2 Policies

Attending Sessions: Individual and Group coaching programs work when participants attend all sessions, and share their experiences. Bring a journal/notebook, and pencil to sessions.

Program Fees and Cancellation Policy: Fees are due at the time of the first coaching session, or can be made in two payments. Program fees are not refundable, a standard policy in the field of coaching. If you have an unexpected emergency and cannot come to your individual or group session, contact me as soon as possible. For group sessions, there is no make-up session.

Confidentiality: I recognize that in the course of our work, you may give me the following: health information, financial information, job information, goals, personal information, and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit, disclose, or communicate in any manner any information to any third party. I can only share information if you give me permission, with a signed release form. I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others, in which I am obligated to inform legal authorities so that protective measures can be taken. In addition, you should know that unlike a physician or a lawyer our confidentiality agreement is not protected by law.

Nature of the relationship: I am a trained Integrative Health Coach, having received my training at the Duke's Center for Integrative Medicine. Over a 30 year span, I have participated in hundreds of hours of coursework in the field of holistic health. I am also a licensed mental health professional in private practice for over 20 years. However, the coaching relationship is not to be misconstrued as psychological counseling. Coaching can be therapeutic, and therapeutic conversations may occur, yet it is not psychotherapy. We work in partnership together, with each of us giving our best, and with the understanding that you are ultimately responsible for creating your own results.

Expectations: Be honest with yourself and me throughout the process. It is typical that people are enthusiastic in the beginning and experience a setback during the program. It is your responsibility to tell me where you are and it is my role is to help you get back on track. You can expect me to be straightforward, constructive, confidential and supportive. I will share concepts or insights, and ask re-orienting questions that are intended to increase your success in attaining your health goals. If something makes you uncomfortable or isn't quite working for you, please let me know. The key to our coaching relationship is communication. The intent of the coaching process is to help you make the positive health behavioral changes you have been wanting in your life and to change for the better.

Client Waiver: In making a commitment to the coaching partnership, you waive all claims for refunds. You waive me your coach, Suzanne Nixon from any and all claims and damages from any psychological or physical occurrences, and do not hold me liable for any advice, suggestions or guidance that I provide during our sessions. Please initial: _____

Agreement: I have read and agree to the policies, procedures and fees.

Your Signature: _____ Date: _____