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NORTHERN VIRGINIA  
INTEGRATIVE THERAPY CENTER  
Connecting, Healing, Transforming Lives

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**WELCOME TO INTEGRATIVE HEALTH COACHING!**

**REGISTRATION & POLICIES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone/home fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Do you have any physical limitations? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently under a physician's care? Please explain.

\_\_\_\_\_

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

\_\_\_\_\_

Coach Suzanne's Contact Information:

[drsuzanne@novaintegrativetherapycenter.com](mailto:drsuzanne@novaintegrativetherapycenter.com) 703.729.0505

Northern Virginia Integrative Therapy Center 19415 Deerfield Avenue Suite 307 Lansdowne, VA 20176  
Novaintegrativetherapycenter.com

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## **COACHING POLICIES, PROCEDURES AND FEES**



### **The First Step in Your New Journey Begins Now!**

Welcome to Integrative Health Coaching! You have chosen to participate in either an Individual or Group Program. Research shows the best way to be successful in achieving your health goals is to have a sound program, a sound plan, support and accountability. Your options:

#### Individual Program

1. 8 sessions – scheduled over a 8-10 week time period
2. First session is an hour; subsequent sessions are 45 minutes
3. Program handouts are included
4. Unlimited emails and 3 phone calls per week

Cost: \$1200. Payment is made at the initial session, and paid either in full or in two payments. Pay in full at your first session and receive 5% off the total fee.

#### Group Program

1. 8sessions – scheduled over a 8 or 9 week time period
2. Sessions are 90 minutes in length
3. Program handouts are included
4. Unlimited emails and 1 phone call per week to answer questions/receive support

Cost: \$720. Payment is made at the initial session and paid either in full or in two equal payments. Pay in full at the first group and received 5% off the total fee.

#### Coach Suzanne's Info

[drsuzanne@novaintegrativetherapycenter.com](mailto:drsuzanne@novaintegrativetherapycenter.com) 703.729-0505  
19415 Deerfield Avenue Suite 307 Lansdowne, VA 20176

## **You, Being Successful!**

**Getting Started:** Please read and complete all forms and bring them to the first session.

**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 will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will 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. Should it ever happen, I cannot claim in court to be unable to divulge the contents of our conversations.

**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 set back 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 \_\_\_\_\_