

This policy outlines fees, scheduling, and cancellations for the coaching program.

Please read it carefully so we can begin our work together with clear, shared expectations.

You can submit this form electronically (by typing your signature) or print it and sign by hand. Both methods have the same legal effect.

Program Overview

Coaching at Specthrive Wellness & Behavioral Health LLC is a structured three-month program with flexible pacing. Sessions can be scheduled at the rhythm that fits your needs (weekly, biweekly, or in concentrated blocks) rather than a fixed weekly slot.

Common areas of focus include parent coaching, autism support (including late diagnosis), school and IEP guidance, and executive-functioning support.

Coaching is a package-based service, not a per-session fee.

Fees and Payment Structure

The total program fee is \$2,800 for the full three-month engagement.

Payment options:

- Paid in full at the start of the program.
- Installment plan available upon request, with terms agreed to in writing before the program begins.

Coaching is private pay only. It is not billed to insurance and is not reimbursable as a medical service.

Introductory Session

An introductory session is offered before the program begins so we can decide together whether coaching is the right fit.

If you choose to continue with the program, the introductory session is included in the program fee at no additional cost.

If you choose not to continue after the introductory session, that session is billed separately at \$130, due within seven days.

Proration

If the program ends early, unused sessions may be prorated using an average session value of \$200. Prorated amounts apply only to sessions that were scheduled but not yet held.

I keep proration simple on purpose. I do not adjust by length, intensity, or topic of individual sessions.

Scheduling Expectations

Sessions are scheduled collaboratively. Coaching is not limited to once-weekly meetings.

Depending on what your goals require, sessions may be longer, shorter, more frequent, or grouped during a stretch when more support is helpful.

You are responsible for booking sessions within the three-month program window.

Cancellation and Rescheduling

I ask for at least 24 hours' notice to cancel or reschedule a session.

Cancellations made with less than 24 hours' notice are considered late cancellations. Late cancellations count toward your program usage and are non-refundable.

I leave room for true emergencies. If something unexpected comes up (illness, family emergency, safety issue), please reach out and we will work it out together.

No-Show Policy

A no-show is any scheduled session that you do not attend without notifying me in advance.

No-shows count toward your program usage and are non-refundable, the same as late cancellations.

Refunds

Before any sessions are held, the program fee is fully refundable upon written request.

Once the program has started, fees are non-refundable except for the prorated value of sessions that were scheduled but not yet held, calculated at \$200 per session as described above.

Late cancellations, no-shows, and any session that has occurred are not eligible for refund.

Payment Responsibility

You are responsible for all agreed-upon fees, whether paid in full or on an installment plan.

If a payment is more than 14 days late, coaching services may be paused until the account is current.

Transition to Therapy

If our work transitions from coaching to therapy at any point, the billing structure changes.

Therapy is billed separately and may be submitted to insurance when applicable.

Therapy requires its own intake, consent, and policies. We will discuss any transition before it happens, and the coaching program will be reconciled (refunded, prorated, or paused) at that time.

Sign and Submit

Sign this form by typing your name, your email, your relationship to the client, today's date, and checking the agreement box below. Under the federal ESIGN Act and Minnesota's Uniform Electronic Transactions Act (UETA), your typed name has the same legal effect as a handwritten signature when provided with the intent to sign. To sign on paper instead, print this form and complete the same fields by hand.

Your full name (typed signature)

Your email

Relationship to client

Date

- I am providing my electronic signature on this form. By checking this box and clicking Submit, I agree my typed name above has the same legal effect as a handwritten signature, I intend to be bound by the terms of this document, and I have had the opportunity to print this document for my records.