

**Amy Huberman, MD**  
**P.O. Box #15007**  
**Pikesville, MD 21282**  
**443-761-4265**  
**anewpathforward@amyhuberman.org**  
**www.amyhubermanmd.com**

## Anxiety Coaching Agreement

This document describes my anxiety coaching practice policies. A clear understanding of these terms can make our work together more rewarding. If anything seems confusing or unfair, feel free to discuss your concerns with me at the initial assessment. I'd be happy to answer any questions you may have and discuss your concerns.

Please place a checkmark in the column to the right of each item to indicate whether you understand and agree with it. If you feel uncertain or confused, please indicate "Needs discussion." Thank you!

|                                     |  | I agree | I do not agree | Needs discussion |
|-------------------------------------|--|---------|----------------|------------------|
| The initial assessment              | The initial assessment is a 2-hour session. During this session, we will identify and explore the specific problems with which you'd like some help and how these problems are showing up for you now. We will also pinpoint your specific goals and create a plan to help you reach these goals. If either you or I discover during the initial assessment that my approach is not a good fit for you after all, you will be refunded fully for any payments beyond the cost of the initial assessment. I would be happy to provide you with referrals to providers whom I believe would be a better fit for you. |         |                |                  |
| Subsequent coaching sessions        | After the initial assessment, our time will be devoted to addressing the specific problems with which you'd like my help and giving you the tools to achieve your goals. We will employ a variety of methods in our work together, as a single method is rarely sufficient for meaningful change. I'm excited to offer a feedback-informed approach, meaning that I will be collecting data from you before and after each of our sessions to let me know whether our work together is on the right track. This allows me to tailor our work together to you, making it more effective and more rewarding.         |         |                |                  |
| Total duration of our work together | This will vary, depending on the nature of your specific problems and your desired outcomes. The duration of our work together may be as brief as a few hours for a simple and straightforward problem. For complex problems, a total of at least 12 to 20 hours, or more, is typically required to achieve your goals. These hours can be packed into a single week or spread out over a few weeks or months.   |         |                |                  |

|                                 |   | I agree | I do not agree | Needs discussion |
|---------------------------------|---|---------|----------------|------------------|
| Between-session assignments     | I will ask you to do homework between sessions. This may include written assignments and/or practicing new behaviors. These assignments are key to achieving your goals. If you are not willing to complete assignments between sessions, or if you feel that you cannot do this work for any reason, please let me know before we begin our work together.   |         |                |                  |
| Fees                            | The fee for the initial assessment is \$600. Fees for subsequent coaching sessions are prorated based on a charge of \$250 per 60 minutes. Sessions are typically 60, 90, or 120 minutes but may be as long as 180 minutes. We will decide together on a session length that is optimal for you.  |         |                |                  |
| Payment                         | Payment for the initial assessment is due immediately upon scheduling your work with me. Payment for each subsequent coaching session is due one full business day prior to the session. Payment can be made by check, Zelle, credit card, or bank transfer. Please note that there is a 3% fee for use of credit card and 1% fee for bank transfer. There are no fees associated with Zelle payments. If you choose to pay by Zelle, you can direct payments to me using my phone number: 443-761-4265. Checks should be made payable to “Amy Huberman, MD” and mailed to my office address: P.O. Box #15007, Pikesville, MD, 21282. There will be a processing fee for returned checks. |         |                |                  |
| Cancellations and late arrivals | If you must cancel a session, I ask that you give me at least one full business day's notice, or you will be financially responsible for the missed session. I will make exceptions to this policy at my own discretion. If you're late for an appointment, you'll be seen for the remainder of your scheduled time and charged for the full session.   |         |                |                  |
| Medical Insurance               | Coaching services are not covered by medical insurance, so you will be fully responsible for the costs of our work together.  |         |                |                  |
| Services Not Included           | Although I am a licensed psychiatrist, prescriptions for medications, psychotherapy, medical treatment, and medical advice are beyond the scope of coaching and will not be included in our work together. Our work will not include a diagnostic evaluation or diagnosis-based treatment plan.   |         |                |                  |
| Gifts                           | I do not accept gifts from clients or family members of clients, as this is considered an ethics violation.   |         |                |                  |
| Business dealings               | I do not get involved in any business dealings with clients outside of the coaching relationship, as this is considered an ethics violation.  |         |                |                  |

|                                      |  | I agree | I do not agree | Needs discussion |
|--------------------------------------|--|---------|----------------|------------------|
| Confidentiality in our work together | I will not provide information about our work together to others without your permission, but there are a few areas where I may be required by law to violate your confidentiality, including imminent threats of suicide, violence, or homicide, or any pattern of child abuse or neglect. Please see below for more details.   |         |                |                  |
| Suicidal thoughts, urges, and intent | Suicidal thoughts and urges are common when someone feels stuck or hopeless and can be a signal that the status quo is not OK, and change is needed. However, addressing suicidal thoughts and urges falls beyond the scope of coaching. If they arise during our work together, I will request that you work with another mental health professional to address them. If you indicate that you intend to commit suicide, I will recommend hospitalization, and if you are not willing to be hospitalized voluntarily, then I am required by law to contact family members or the police. I'd be happy to discuss this or any policy with you in person and answer any questions you may have. |         |                |                  |
| Threats of violence                  | If you threaten to kill or inflict violence on another person, and I feel that your threat is credible, I'll be required by law to contact the authorities and to warn the potential victim.   |         |                |                  |
| Child abuse or neglect               | If I discover that you are abusing or neglecting a child or have been the victim of child abuse or neglect, I will be required by law to report the problem to the authorities.  |         |                |                  |
| Subpoenas and court cases            | My policy is not to respond to subpoenas for records or to testify in Court about our work together. By signing this document, you agree that you will work with me with the expressed agreement not to subpoena my records or subpoena me to testify in Court.  |         |                |                  |
| Methods of communication             | We'll meet by Zoom for all sessions. You are welcome to contact me by email or text message between sessions. However, I ask you to limit these communications to issues that cannot wait until our next appointment, because, as you can imagine, I also need time to unwind. This allows me to be at my very best when I meet with you.  |         |                |                  |

I have read this Anxiety Coaching Agreement in full and agree to honor all its terms.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach signature: \_\_\_\_\_ Date: \_\_\_\_\_