Dr. Sherrie Campbell
love yourself & life will lift

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OUT-OF-STATE COACHING INQUIRY & AGREEMENT

Contact Information

Full Name: _____

Email Address: _____

Phone Number: _____

City and State of Residence: _____

Time Zone: _____

Location Confirmation

☐ I confirm that I am physically located outside of California and understand that Dr. Sherrie Campbell is licensed to provide psychotherapy only in California.

Nature of Coaching Services

☐ I understand that coaching services are educational and consultative in nature.

☐ I understand that coaching is not psychotherapy.

☐ I understand that coaching does not include diagnosis, treatment planning, or mental health treatment.

☐ I understand that no psychologist–patient relationship is established through coaching services.

☐ I understand that if I need mental health treatment, I must seek a licensed provider in my state.

Coaching Focus

What are you hoping to work on through coaching? ((Examples: boundary implementation, navigating low-effort family dynamics, identity development, relational clarity, applying concepts from Dr. Sherrie's books.):

Have you previously worked with a therapist regarding these issues?

☐ Yes ☐ No

If yes, are you currently under the care of a licensed mental health professional?

☐ Yes ☐ No

Crisis & Safety Acknowledgment

☐ I understand that if I experience a mental health crisis, I should contact 988 (Suicide & Crisis Lifeline), 911, or a licensed provider in my state.

☐ I understand that Dr. Sherrie Campbell does not provide emergency services through coaching.

Payment & Cancellation Policy

☐ I understand that coaching services are private pay.

☐ I understand that if I choose to use HSA funds, eligibility is my responsibility and I must confirm coverage with my HSA administrator.

☐ I understand that coaching services may not qualify as reimbursable medical expenses.

Cancellation Policy:

Sessions require a minimum of 48 hours' notice to cancel or reschedule. If a session is cancelled with less than 48 hours' notice, the full session fee will be charged. This policy protects the time reserved for your appointment and allows it to be offered to someone else when possible.

Agreement & Signature

By signing below, I acknowledge that:

- I am requesting coaching services, not psychotherapy.
- I am physically located outside of California.
- I understand the limitations and scope of coaching.
- I agree to these terms voluntarily.

Signature: _____

Printed Name: _____

Date: _____