

Coaching Welcome Packet

Information for New Clients

Welcome

Hello! I look forward to working with you as your performance psychologist. This document contains information about my services and business policies. Some of this information I am ethically and legally required to provide you, but it's not all just a lot of legal fine print. Much of it is here to make our work together go more smoothly. Experience has taught me that coaching will be most helpful to you when the details of the overall process are clear.

Please read through it, and let me know if you have any questions. When you have read through the document, **please electronically sign pages 5 & 8**, affirming that you read, understood, and agree to abide by the information contained within.

A Little Background

I spent most of my life studying and training to become a concert violinist. One day however, I realized that I was actually much more intrigued by the study of peak performance and what it took to become a great performer than in becoming a great performer myself. So after completing my Masters at The Juilliard School, I went to Indiana University for a Masters and Doctorate in counseling psychology with a specialization in sport and performance psychology. I am now a licensed psychologist in NY (License #19280).

Pulling from both my own performance background and my psychology and sport psychology training, I help talented individuals learn how to maximize their potential, beat performance anxiety, and do their best under pressure.

About Performance Psychology Coaching

The practice of psychology is complex and not easily described in general statements. But from a big picture point of view, it's quite simple. The basic idea is to figure out where you are right now, where you want to be instead, and then put together the roadmap and resources necessary to get you from Point A to Point B.

Expectations

Coaching is likely to be most effective when (a) you as the client are ready and willing to be coached and (b) you have a sense of what you want to change.

As your coach, you can expect me to help you clarify your goals, to assist in identifying and implementing strategies for achieving your aspirations, to support and encourage you in taking action and overcoming barriers in key areas, and be a resource throughout the process.

As the person being coached, I expect you to be committed to your own goals and vision, to come to coaching sessions prepared with what you want to discuss, to take action and put forth your best efforts to change thoughts, feelings, and

behaviors that are keeping you from the results you want, to practice new skills learned in our sessions, to complete homework assignments, and to provide me with feedback on whether the coaching is valuable and focused on what you feel you need.

Change will sometimes be easy and quick, but more often it can be slow and frustrating, and you will need to keep trying. Just as it is with developing a more sculpted physique, there are no quick fixes or “magic pills” in shaping your mind. All metaphors aside, performance success is largely the result of specific mental skills, which develop in much the same way that we develop physical skills - deliberate practice and application. To borrow a few words from soprano Beverly Sills, “There are no shortcuts to anywhere worth going.”

Benefits & Risks

There are risks as well as benefits with coaching. For instance, there is a chance that you will, for a time, have uncomfortable levels of anxiety, frustration, or other negative feelings.

While you consider these risks, you should also know that the positive impact of performance psychology coaching has been demonstrated through decades of research. Greater confidence, more courageous performances, increased concentration and focus, clearer goals, development of resilience, determination, and motivation, more effective or efficient practice and preparation habits, and of course, more optimal and peak-level performances are among the many benefits you could receive.

Though I can make no guarantees of how coaching will work out for you, I don't take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Preparing for Coaching Sessions

Our first session will be a 45-60 minute initial evaluation, in which we will gather relevant background information, delve into the details of what led you to contact me, identify goals for coaching, and put together a plan of action.

Subsequent appointments will generally be 50 minutes in length.

Most of my clients see me on a weekly or biweekly basis for 1-2 months. As time goes on, we often meet less frequently and for shorter sessions.

Fees & Payments

My current fee for both Skype and in-person sessions is \$200 for a 50-minute session.

Payment Methods

In an attempt to streamline my practice, my preferred method of payment is credit/debit card (Visa, MasterCard, AmEx, Discover) or PayPal. I will send you an online invoice following each session, which will automatically generate a receipt, which you can then use for tax purposes. If there is ever any problem with my charges, my billing, or any other money-related matter, please bring it to my attention.

Insurance

Occasionally, a client will ask if the services I provide are covered under their health insurance plan. Like a growing number of other sport and performance psychologists, I do not bill insurance for the following reasons.

For one, in order for me to bill your insurance company, I have to give you a formal diagnosis of a mental disorder. I don't really want to give anyone a mental disorder diagnosis, let alone the talented and high-achieving individuals I see in my work.

Depending on the insurance company, I may then have to write a report every 5 to 10 sessions explaining that you're still suffering from that mental disorder. In order for them to continue paying for services, my report has to show that you still meet the criteria for a disorder, and though you are getting better, are not completely well yet.

Finally, someone at the insurance company will read that report and decide whether they will continue to pay for coaching or not. Reports vary as to the actual number of people at the insurance company who could potentially read your file, but whether it's 4 or 14, I figure the fewer people reading about your business the better.

Also, for those of you who are or may one day be self-employed, a mental disorder diagnosis on your permanent health record can make getting health insurance more expensive.

Cancellation Policy

If you cannot keep an appointment, please let me know as soon as possible. If you fail to cancel at least 24 hours before your scheduled appointment time, I reserve the right to charge a late cancellation fee of \$50. Appointments missed with no notice will result in a no-show fee of the full session rate.

What to Expect from Our Relationship

As a licensed psychologist, it is my ethical and professional responsibility to follow the practice standards of the American Psychological Association. In your best interests, the APA puts limits on the relationship between a psychologist and a client. Let me explain these limits, so you won't think that they are personal responses to you.

State laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in a few specific situations (which I'll explain in a second).

Furthermore, I try not to reveal who my clients are. As such, if we meet in public somewhere, I will acknowledge you *only* if you make a point of speaking to me. Even so, I may not speak to you very much or appear particularly warm and friendly, depending on the circumstances. My apparent rudeness or coldness will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. I'll be my normal self when we meet again at your next appointment.

Confidentiality

Generally speaking, I can only release information about you with your written permission. If you'd like me to speak with your teacher, coach, physician, or other professional, I'll ask you to fill out a "Release of Information" form authorizing me to exchange information with this person.

I'm a bit of a privacy nut anyway, so I take confidentiality very seriously and treat with great care all the information you share with me. Indeed, it is your legal right that our sessions and my records about you be kept private. As I said in the previous section, I will tell no one what you tell me, and will not even reveal that you are a client if asked.

In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common exceptions (which rarely occur in performance coaching):

1. If you make a serious threat to harm yourself or another person, by law, I have to try to protect you or the other person. Essentially, this means that I have to tell others who are able to act on this information about the threat.
2. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

I sometimes consult other psychologists or specialized professionals about my clients. This helps me give you the best possible care and advice. These folks are bound by the same legal and ethical standards of confidentiality that I am. I'll never give them your name, information which could identify you will be changed or left out, and they will be told only as much as they need to know to understand your situation.

Your records are secured by the use of an entirely electronic client record system, with multiple passwords, encryption software utilizing 256-bit encryption algorithms, and redundant on and off-site backups (also encrypted). In other words, I try really hard to make sure there are no cracks in the armor surrounding your info.

Minors

For those under 18 years of age who are not emancipated from their parents/guardians, New York law does not provide the legal right to confidentiality. In other words, parents or guardians have the right to access their children's records. As privacy is often critical to success with teenagers and young adults, I typically ask parents or guardians to consent to a modified confidentiality policy, in which you will be provided with only general information about your child's progress. If I believe your child is in danger or is a danger to anyone else, I will be sure to notify you. Before providing you information, I will first talk about this with your child and go over any objections he or she may have.

If You Need to Contact Me

If I am unable to come to the phone, you can always leave a confidential message on my secured voicemail, and I will return your call at my earliest availability. However, email is my preferred mode of contact and you are likely to get a response sooner than by phone.

If you have an emergency or crisis, please do let me know, but I ask that you or your family members first dial 911 or go to the nearest hospital emergency room.

Client Agreement

I, the client (or his/her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement as well as the contents of this brochure. I have discussed those points I did not understand, have had my questions fully answered, and agree to act according to the points covered in this brochure. I hereby agree to enter into this coaching agreement with Dr. Noa Kageyama, and to cooperate fully and to the best of my ability, as shown by my signature below.

Client signature (or person acting for client)

Date

Printed name

Relationship to client:

Self

Parent

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose

The purpose of this notice is to explain to you how your protected health information (PHI) may be used and disclosed for the purposes of treatment, billing, and healthcare operations. It also provides you with information about how you may access your PHI and ask to have restrictions placed on the information about you that may be released without your authorization to another person or organization under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have questions, please feel free to ask.

Uses and Disclosures with your Consent or Written Authorization

In most situations, I may only release information about you with your written consent or authorization. An authorization is written permission above and beyond the general consent that permits only specific disclosures. Your PHI may be used for coordinating your healthcare with other mental health providers or health care practitioners. For example, if you were also seeing a psychiatrist, I would be allowed to release information about our work together that would be relevant to the psychiatrist's work with you. Please note that, except in the case of emergency or if you are unable to give consent, I would first obtain your written consent to make these disclosures. If you agree to share these records, you will need to sign an authorization to release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. You may revoke your authorization, which will be effective only after the date of your written revocation.

Without your Consent or Written Authorization

Though the following situations generally do not occur, the legal exceptions to confidentiality are as follows:

1. If I am required by a judge/court of law to provide information from our sessions necessary for "the proper administration of justice," I can be required to disclose information from your file.
2. If you make a serious threat to harm yourself or another person, the law requires me to notify the appropriate authorities to prevent harm from occurring.
3. If I believe a child has been or will be abused or neglected, or a disabled person is in a state of abuse, neglect, or exploitation, I am legally required to report this to the appropriate authorities.
4. If it becomes necessary to contact an attorney or collection agency for payment of fees, your name, identifying information about how to reach you, and the amount of money you owe may be disclosed.

In addition, there may be times when I might consult about part of our work with another mental health professional. This helps me to provide high-quality services. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation. For those under 18 years of age who are not emancipated from their parents/guardians, Ohio law does not provide the legal right to confidentiality. Parents/guardians have the right to access their children's records. It is my strong belief that that parents/guardians should consent to a modified confidentiality policy because privacy is often crucial to success with teenagers. You will be provided with general information about your child's progress and attendance at sessions. If I believe your child is in danger or is a danger to anyone else, I will notify you of my concern. Before providing you information, I will first discuss the matter with your child and handle any objections he/she may have. At your request, a written summary will be provided when our work together is completed should you request one in writing. Except for the situations I have described above, I will always maintain your privacy. In the event that a disclosure or release of information is deemed necessary, I will make every effort to fully discuss it with you before taking any action and will limit my disclo-

sure to only what is necessary. I also ask you not to disclose the name or identity of any other client being seen in my office.

Records

Your personal mental health record, generated as a result of working with me, will be retained for 7 years following your last appointment contact. After that time, it will be destroyed to protect your confidentiality and privacy.

When HIPAA and State Laws Differ

When there is a discrepancy between HIPAA mandates and mandates of New York laws governing the practice of psychology or my ethical code of conduct, I will do my best to uphold the strictest form of confidentiality and provide you with the maximum amount of protection for your private health information.

Client Rights

1. Right to request restrictions. You may request limitations on your mental health information that I may disclose, but I am not required to agree to your request. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.
2. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
3. Right to inspect and copy. You have the right to inspect and/or copy your mental health information used to make decisions about your care, for as long as the record is maintained. I may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. In some cases, however, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
4. Right to amend. You have the right to request an amendment of PHI for as long as it is maintained in the record. I have the right to deny your request. At that time, I will discuss with you the details of this process.
5. Right to accounting of disclosures. You may request a list of the disclosures of your mental health information for which you have neither provided consent or authorization (as described earlier in this document). Upon your request, I will discuss the details of this process with you.
6. Right to a copy of this Notice. You may request an additional paper copy of this Notice at any time.

Requirements regarding this notice

I am required to provide you with this Notice that governs my privacy practices. I may change my policies or procedures regarding privacy practices. If and when changes occur, the changes will be effective for the PHI that I have about you as well as any information I receive in the future. You may ask for and receive a copy of the Notice that is in current effect at any time.

Complaints

I will take reasonable precautions to minimize risks, insure your safety, and provide you with a positive experience. If at any time you believe that I have not been diligent in performing my services, or you believe that your privacy rights have been violated by me, please bring it to my attention so we can address the matter. If there are concerns that we are not able to resolve to your satisfaction, the New York State Board for Psychology can be contacted at (518) 474-3866 to review and evaluate any concerns that you may have. Alternatively, you may complain to the Secretary of U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for filing a complaint.

This Notice of Privacy Practices goes into effect January 1, 2010

Notice of Privacy Practices: Acknowledgment of Receipt

By my signature below, I acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES for Dr. Noa Kageyama, and agree to the procedures and policies described therein.

Client signature (or person acting for client)

Date

Printed name

Relationship to client:

Self

Parent