

Kicotan Acupuncture
37 S Swezeytown Road
Middle Island, New York 11453

www.kicotanacupuncture.com
Email: guadalupekicotan@gmail.com
516-974-4187

THREE TREASURES LIFE COACHING INTAKE FORM

Client Information:

- Full Name:
- Date of Birth:
- Gender:
- Address:
- Phone Number:
- Email Address:
- Preferred Method of Contact (Phone/Email/Other):

Emergency Contact:

- Name:
- Relationship:
- Phone Number:

Section 1: Consent for Life Coaching Services

Three Treasures Life Coaching provides guidance and support to help you achieve personal, professional, and wellness goals. Life coaching is not a substitute for professional medical or mental health care.

I understand and acknowledge that:

- Life coaching sessions focus on personal and professional growth, wellness, and life improvement.
- This coaching is not intended to diagnose, treat, or cure any medical or psychological conditions.
- If I require medical or psychological support, I will seek assistance from a licensed healthcare professional.

Client Signature: _____ Date: _____

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Section 2: HIPAA Compliance & Privacy Notice

Your privacy is important to us. This form and all information shared during coaching sessions are handled in compliance with HIPAA standards to protect your health information.

Privacy Notice Acknowledgment:

- I understand that my information will be kept confidential unless I provide written consent for disclosure or if legally required.
- I have the right to request how my information is used and disclosed.

Client Signature: _____ *Date:* _____

Section 3: Consent for Video Recording

To ensure the quality of services, coaching sessions may be video recorded with your consent. These recordings will be used only for internal review and training purposes and will not be shared or disclosed outside of Three Treasures Life Coaching without prior consent.

I understand and agree that:

- I am voluntarily consenting to be video recorded during my coaching sessions.
- I may withdraw my consent at any time, which will apply to future sessions only.
- Recordings will be securely stored and protected to maintain confidentiality in compliance with HIPAA standards.

I consent to video recording: ☐ Yes ☐ No

Client Signature: _____ *Date:* _____

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THREE TREASURES LIFE COACHING

Section 4: Coaching Goals

Please describe the goals or areas you'd like to focus on during life coaching:

- _____
- _____
- _____

Section 5: Additional Information

Is there any other information you would like to share to help us support your coaching journey?

- _____
- _____
- _____

Client Acknowledgment and Consent

By signing below, I confirm that I have provided accurate information and understand the services, privacy, and consent policies of Three Treasures Life Coaching.

Client Signature: _____ *Date:* _____

Coach Signature: _____ *Date:* _____