

JAELLINE JAFFE, Ph.D.
4910 Van Nuys Blvd., Suite 111, Sherman Oaks, CA 91403
Mailing Address: PO Box 1314, Studio City, CA 91614
(818) 971-7175

AGREEMENTS FOR OUT OF STATE COACHING FOR SOUND SENSITIVITY DISORDERS

This agreement is made between Jaelline Jaffe, PhD (“Coach”) and _____ (“Client”) on this ____ day of ____, 2026. Both parties agree to the following:

Coaching for Sound Sensitivity Disorders follows a protocol designed by Dr. Jaffe, to assist the Out of State Client (either adult, adolescent, or child) to develop strategies and tools for managing such disorders as Tinnitus, Misophonia, and Hyperacusis. These approaches are based on research and clinical application to create behavioral change, with the goal of improving the quality of life for the individual and family struggling with these disorders. The role of the Coach is to help the Client and their family progress toward achieving these goals.

Coaching is a collaborative process with an ongoing relationship between the Client and Coach. The coaching relationship is strengths-based, forward-looking, and collaborative. The coaching agenda is developed and implemented in partnership between the Client and Coach.

The Client recognizes that, while based on similar goals and processes, coaching is not therapy or counseling. As such, the Client acknowledges that Coaching meetings are not covered by insurance.

APPOINTMENTS

1. **Time:** Following our initial consultation, we will set an agreed upon time for your appointments that will be reserved exclusively for you on a regular basis, unless other arrangements are made. If you feel you need additional time beyond your regular appointment, please ask. I will make every effort to schedule extra time for you.
2. **Cancellations:** If you cannot keep a scheduled appointment, please provide at least 24-hour notification at 818-971-7175 or by email to jaellinejaffephd@gmail.com. CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE OR "NO-SHOWS" MAY BE CHARGED THE FULL FEE. **In event of late cancellation or missed appointment, you are hereby authorizing Dr. Jaffe to charge your credit card for the fee.**
3. **Appointment Length:** Unless otherwise arranged, individual coaching appointments are 50 minutes long; child appointments are 30 minutes long. Your appointment will begin and end on time. If I am late in starting, you will still receive your full time allotment.

TELEPHONE CONTACT

1. **Messages:** Occasionally, you may need to communicate with me between appointments. Email is usually the best way to reach me. If I am not immediately available, please leave a message on my voicemail pager 818.971.7175. *Please do not go into extensive details and be sure to include times/phone numbers where you can be reached.* I will return your call as soon as I can. *I am not available as a 24-hour crisis line. If you cannot reach me, and if your safety is involved, please call 911, or for mental health emergencies, call 988.*
2. **Fees for phone calls:** There is, of course, no fee for brief phone conversations; however, if extensive consultation is needed and we are unable to schedule a face-to face appointment, you will be charged in 10 minute segments at an individual appointment fee.

PLEASE INITIAL BOXES TO INDICATE YOU HAVE READ THOSE ITEMS IN PARTICULAR

LEGAL/ETHICAL GUIDELINES

Confidentiality

1. The Coach agrees to keep all conversations and information with the Client private and confidential, as allowable by law. No personal information will be shared with anyone without the Client's express permission. Exceptions may be made if there is an imminent threat of serious injury to oneself or someone else.

Adolescents: In order to encourage open sharing of concerns, confidential discussions with kids age 12 or older will be shared with parents only if life-threatening. Parents will be informed of general issues being discussed, and teens are encouraged to share the content of meetings with parents whenever possible.

2. **Social Media and Electronic Communications:** As you are aware, electronic communications cannot be guaranteed to be 100% secure. Therefore, Dr. Jaffe will engage in brief email communications for scheduling or for other specific reasons, but does not participate in lengthy electronic conversations or email coaching. She also does not "friend" clients on social media sites.

FEES

1. Fee Schedule (*payable at each meeting, unless otherwise arranged*):

Individual/Couple/Family Coaching	50 min.	\$240.00
Child Coaching	30 min.	\$145.00
Extended Session Individual/Couple/Family Coaching	90 min.	\$430.00
Phone or Other Professional Consultation	per 10 min.	50.00

NOTE: \$10 deduction if paid by Zelle to JaellineJaffePhD@gmail.com

2. I understand that Dr. Jaffe provides coaching services for out-of-state clients that are not eligible for insurance reimbursement.
3. **For services provided online**, I agree to consult with Dr. Jaffe either on Zoom, VSee.com, or other confidential platform. I agree that online services are payable in advance.
4. Zelle, VISA, MC, Discover, American Express, and debit cards accepted, processed through IVY Pay. Unless arranged otherwise, payment in full is due **at the beginning** of each session. **\$10 deduction in fee if paid by Zelle to jaellinejaffephd@gmail.com**. A credit card backup must be on file for payments by Zelle, and you are authorizing charges to the card on file in case of late cancellations or missed appointments. Credit card statement will show payment to IVY Pay.

INSURANCE

- Out of state coaching is not eligible for insurance billing. You are responsible for all fees, and cannot submit statements to insurance for reimbursement. (Sorry – their rules, not mine.) Statements for coaching appointments do not contain any procedure or diagnostic codes that insurance companies require. A copy of your monthly appointments and fees for your own records can be provided on request.

INFORMED CONSENT

I understand and accept the guidelines and policies contained in this agreement. I understand the fees and agree that I am responsible for payment. I hereby consent to coaching under the above stated conditions. My signature also confirms I have received a copy of this agreement.

Signature _____ Date _____

If for minor, Parent/Guardian Signature _____ Date _____