LIFE COACHING
YOUNG ADULT
WELCOME PACKET
Welcome to Next Gen Counseling and Coaching!

Congratulations on taking the next step towards having the life you want! Most of us at some point feel we want things in our lives to be different, but don’t always know how to make the changes we need to or can’t do it on our own because we get stuck. I’m really looking forward to Coaching you to help you make the changes you want so you can accomplish your dreams!

The purpose of this packet is to provide you with important information before we begin our journey. I hope to answer some questions you may have and provide you with some insight as to how we will work together. In order for us to get a strong start, I’m enclosing some paperwork for you to review, complete, and send back to me. Please return it right away so I have it at least 48 hours prior to our first Coaching session. Otherwise, your session will need to be cancelled and a session from your Coaching package forfeited. Once you have mailed it back to me, email me to let me know so I can be looking for it. During your first session, we will get a little more personal, complete an assessment of your needs, and talk more about your Coaching goals. Typically this session will last about two hours.

Below is a list of the items included in this packet for you to . . .

- **Review:**
  - Coaching Expectations
  - Getting to Know Your Coach
  - Benefits of Coaching

- **Complete in black ink, sign, and send back:**
  - Life Coaching Agreement
  - Notice of Privacy Practices for Counseling & Coaching Services
  - Contact Information Sheet
  - Authorization for Release and Exchange of Information (complete separate forms for your Emergency Contact, and anyone else you would like me to be in contact with).
  - Credit Card Authorization
  - Life Success Scale

- **Complete and e-mail at least 24 hours prior to each Coaching session (beginning second session):**
  - Session Prep Form

Based on the Coaching package you choose, you may make your payment at NextGenCounseling.com through PayPal. Please be sure to pay your first payment at least 48 hours prior to our first session.

If you have any questions prior to our first session, please feel free to e-mail me. Otherwise, we will discuss these items during our initial session. I am excited and honored to have been chosen by you to be your Coach! I am 100% dedicated to your success in your life!

Sincerely,

Lisa Thompson
Coaching Expectations

What You Can Expect ...

Confidentiality: The nature of the Coaching relationship involves sharing personal and confidential information. There may be times when your Coach feels it is important for issues to be shared with your family and support system so will encourage you to do so. It is always the goal to have relationships with healthy communication. Unless permission is granted, all Coaching sessions, conversations, and written communications remain confidential between the Coach and client, except where prohibited by law.

Rewarding Action #1: You will get to know yourself in new ways. Working with your Coach is a healthy way to grow. Most clients hire a Coach to accomplish several specific goals. Coaching is all about being and expressing your real and best self. Don't be surprised if you discover new parts of yourself or if you find your goals adjusting themselves to reflect who you really are and who you want to be. This discovery process is natural, so there is no need to rush it, just realize it will likely happen. Accelerated personal growth is a benefit of being Coached.

Rewarding Action #2: Fully invest yourself in this opportunity for accelerated growth and accomplishment. Be patient with yourself and commit to the Coaching process for at least 3 months as lasting change doesn’t happen overnight. Show up for your Coaching session on time, prepared, and fully ready to problem solve, reflect, strategize, and celebrate. It is helpful for you to not be rushed to your session and take a few moments prior to the session to slow down, clear your mind, and get focused. Turn off all distractions in your environment such as TV, internet, music, and your cell phone if it’s not being used for our session. Find a quiet place where your only focus is our session, let others know it is a “do not disturb” time, and that is your personal time for Coaching. It is always a great idea to have a pen and paper handy for jotting down things during the session. You are more likely to remember and take action on things you write down. Plan to keep all your Coaching materials together in a special notebook and folder just for your Coaching and bring them with you to each session.

How to Get the Most Out of Your Coaching: The time we spend together in session each week and the time between our sessions can greatly benefit you in making progress towards your goals. Fill out your “Session Prep Form” prior to our weekly session. This is used to maximize our common understanding of where you are and where you want to go in Coaching.

Session Prep Form: Give yourself enough time each week to fill out the Session Prep Form so you have time for thought and reflection. The Session Prep Form is an important tool that assists us in staying focused during our Coaching session. The Session Prep Form helps our ability to move forward quickly to the tasks at hand. Always be sure to e-mail the Session Prep Form at least 24 hours in advance of your session or the agreed upon time so your Coach has some time to reflect as well.
Expect Your Coach To...

**Listen:** Your Coach will listen for many things such as what motivates, energizes, and excites you, your beliefs and conclusions, what you’re saying in your self-talk, evidence of emotional pain that blocks action, self-doubt, growth you may not be giving yourself credit for, resources you have available but may not recognize, and much more.

**Question:** Your Coach will ask tough questions. Some questions may be difficult to answer or uncomfortable to share about, but remember the more you allow yourself be honest, to be challenged and stretched, the more progress you will make.

**Have Integrity:** Your Coach will abide by the National Board of Certified Counselors, Board Certified Coach, and American Association of Christian Counselors Codes of Ethics.

**Tell the Truth:** Your Coach will tell the truth 100% of the time, from a viewpoint of compassion. At times, this may take the form of challenging you with a truth that you may prefer to avoid or deny. Truth is sometimes uncomfortable and hard to hear, but necessary for your progress.

**Design:** Your Coach assists you in defining your personal goals in alignment with your needs and values, assists you in creating strategies, discovering resources, and taking action confidently.

**Facilitate Forward Action:** A Coach does not provide Counseling or Therapy. Instead, a Coach makes requests, offers suggestions, advice, and opinions that may be helpful in facilitating your ongoing forward momentum. Your Coach is an equal partner in designing your action plan.

**Strengthen and Inspire:** Your Coach will cheer you on and celebrate with you, help you to see your strengths, overcome self-doubt, and emotionally to dare to risk and change.

**Stretch:** Your Coach will help you to develop your goals, stretch towards your dreams, think bigger, go farther, be committed, grow, and achieve more than you’ve dared to imagine.

**Develop Self-trust:** Your Coach will assist you in seeing yourself as someone you can trust and depend on. Developing more confidence, knowing that you can trust yourself, and reach out to others will make you stronger. Becoming dependent on your Coach is not the purpose of Coaching.
A Little More ...

**Self-care:** We are all more energetic, able to cope, and are inspired when our own needs are being met. Make a commitment to taking care of yourself beginning with your first Coaching session and on into your future. If you want to work on expanding your ideas of self-care and getting your needs met, let’s discuss it.

**Safety:** If you ever have thoughts of seriously harming yourself or someone else, call 911 or go to the nearest emergency room immediately. Your Coach wants to hear about these things soon afterwards, but will not always be available at the time a crisis situation such as these arises.

**Reduce Clutter:** Be willing to reduce the clutter in your environment, in your life, and in your relationships that stands in the way of your progress toward your life and yourself as you’d like them to be. Though change can sometimes feel challenging, your Coach is here to help you smooth the way.

**Be Honest and Respectful:** Be honest with yourself and your Coach 100% of the time. Your Coach wants to hear everything you wish to express as long as you are respectful. If you ever feel any frustration in your Coaching, speak up. This will keep our partnership strong. Be respectful by being on time for your sessions. If you are late, your session will still end at the scheduled time. If you are more than 15 minutes late, you will be considered a “no show” and your Coach will not continue to wait for you. Compliments and referrals are happily received.

**Be Realistic.** Some Coaching sessions will have those amazing moments that help you turn corners, some will provoke new ideas and creative action, and some will simply be times where neither of these apply, but are just part of the overall process. Be okay with that.

**Follow Through.** It is very important you apply yourself if Coaching is to be successful. Our work will sometimes be very purposeful, goal-directed and dependent on you doing the “homework” you commit to. Other times, it will be very broad in scope, requiring time in thought and prayer, journaling and reflection, considering the direction for your life, etc. Your real growth will come from the work you do following up on what you’ve taken away from our time together. You may reflect on our session all week. Your Coach does not have all the answers, but will help you with powerful questions and support you as you search for them.

**Take Action:** When you agree to take action, do your very best to follow through. If you have problems that hold you back, plan to discuss the challenges in your next session.

**Fee:** Keep our partnership clear of undue distractions and delays by making sure the Coaching fee is paid on time as agreed and at least 48 hours in advance of each session. Doing so will allow you to focus on the Coaching process.
Getting to Know Your Coach

Since we’re going to be working together, you might want to know a little more about me before we get started, so here it goes...

I’m an experienced Therapist, Recovery and Life Coach. I specialize in working with teens, college students, and young adults from a Christian perspective. I’ve worked with the Next Generation for nearly two decades in various settings like a nationally recognized substance abuse treatment center, on the college campus, and in the local church.

I’m a real and straightforward person who knows what it is like to struggle. I know what it is like to face the frustrations and stress of life and relationships as a teen, student, and young adult. Overcoming my own obstacles helps me to help others to overcome and not be held back by their own obstacles. I consider it an honor to work with young people and to help them become all God created them to be instead of continuing to sell themselves short. It’s so amazing to watch them find themselves and start living in freedom!

Ever since I can remember, I’ve always been the person others sought out when they were feeling stressed out, overwhelmed, stuck, needed encouragement, struggling with faith, and lacking motivation or direction. In college, I served as Spiritual Life Campus Director, Student Body Chaplain, and on Student Senate. In these roles, I led all of the various Student Ministries on campus. I also provided guidance and spiritual direction to students struggling with feeling stressed out, burned out, and overwhelmed by the pressures of college, young adult life, career decisions, friendships, roommates, dating relationships, growing and struggling with issues of faith as well as more serious issues such as dealing with crisis, death of loved ones, and overcoming pain from the past.

During college I also interned at Big Brothers Big Sisters where I implemented and led after school programs. At my church, I served in a leadership role in a large youth and college group, Cross Current, with my Coach and Mentor, Jeanne Mayo (also known as the “Youth Leader’s Coach”). While I was in grad school, I interned as a Counselor at Rockford First.

I’ve spent nearly a decade working as an Inpatient Adolescent Addictions Counselor at Rosecrance Substance Abuse Treatment Center in Rockford, IL. While working there with young people with dual diagnosis disorders, I became an expert in adolescent and young adult mental health and addictions as well as relapse prevention.

I understand how much all these issues affect family and other close relationships. Working side by side with parents, siblings, and family members has also meant so much to me. Families so many times sacrifice their peace, freedom, and joy when they live with an addict or young person who is struggling.
They surrender to the behavior of the family member, live in a world of secrets, and start living in confinement in their own homes. Coaching and supporting siblings, parents, and family members through their own feelings, thoughts, and behavior not only radically increases the chances of their family member’s success in recovery, but also benefits them so much! It’s exciting to help them begin to take care of themselves, start living their dreams and find their freedom again too!

Not only do I Coach young people in recovery and their siblings, but I also Coach others who are struggling with transitioning into adulthood. I understand the pressures of teens and young adults who are dealing with parents, friends, trying to excel in school, transitioning to college and independence, dating relationships, getting married, and starting families. They are often struggling with college and career choices, professional frustrations, finances, health issues, failing to launch, dealing with life’s ups and downs, decisions about marriage, and new families.

I also provide Family Consultation services for families who have been spinning their wheels with a Teen or Young Adult in their family. We brainstorm ideas and I let them pick my brain for a bit. Together we come up with a plan to help them move forward.

Let’s face it, growing up and making the transition into being an adult isn’t easy. There are all kinds of places along the way to get stuck so everyone needs a Recovery or Life Coach at some point in their lives!

My Education, Licenses, Certifications, and Endorsements…

- Master of Arts (MA) in Counseling Psychology from Trinity International University
- Bachelor of Arts (BA) in Psychology with a minor in Youth Ministry from Judson University
- Licensed Professional Counselor (LPC)
- Working towards final licensing as a Licensed Clinical Professional Counselor (LCPC)
- Nationally Certified Counselor (NCC)
- Certified Alcohol and Drug Counselor (CADC)
- Adolescent Treatment Endorsement Certification (ATE)
- Nationally certified as a Board Certified Coach (BCC)
- In final certification stage for Board Certified Master Christian Life Coach (BCMCLC)
- Specialized Coach training in Stress Management Coaching as well as Relationship Coaching
- Member of the American Association of Christian Counselors (AACC)
- Member of the International Christian Coaches Association (ICCA)
There Are So Many Amazing Benefits of Life Coaching!

You Can…

Get Unstuck
✓ Move forward in your life
✓ Focus on getting healthier in every area
✓ Discover how to create positive life changes
✓ Take back control
✓ Find a new path and move towards it
✓ Change your life for the better
✓ Design manageable next step actions
✓ Uncover sources of resistance to break free

Manage Your Emotions
✓ Build your self-esteem and confidence
✓ Break free of anxiety and fear of the unknown
✓ Be motivated and feel empowered
✓ Gain tools and strategies to cope with life pressures
✓ Create a more balanced life
✓ Reduce your stress and be less overwhelmed
✓ Increase your energy to deal with life problems
✓ Learn how to communicate your feelings to others

Reach Your Goals and Live Your Dreams
✓ Find your unique purpose and passion
✓ Realize your authentic self, strengths, and gifts
✓ Become more intentional about reaching your goals
✓ Start to live your life on purpose
✓ Feel empowered to become who are meant to be
✓ Clarify your goals and values
✓ Identify what you really want for your future
✓ Figure out and focus on your priorities
✓ Utilize valuable assessments tools to reveal important characteristics about yourself

Develop Healthy Relationships
✓ Progress in your relationships
✓ Form stronger family bonds
✓ Achieve independence in a healthy way
✓ Improve communication and social skills
✓ Set healthy boundaries
✓ Date without losing yourself in the process
✓ Control your behavior
✓ Stand up to and conquer peer pressure
✓ Make and keep good friends who support you
✓ Let go of unforgiveness and resentments
✓ And so much more!

*A minimum 3 month commitment is requested for best Coaching results*
For your convenience, you may use PayPal to pay your Coaching fees at NextGenCounseling.com
Life Coaching Agreement

Thank you for choosing Next Gen Counseling and Coaching for your Life Coaching needs! I look forward to guiding, supporting, and empowering you on your path to success!

This Service Agreement outlines the policies and practices for Coaching. Should you have any questions, feel free to discuss them with your Coach. From this point forward, in this agreement terms like “I” or “you” refer to the client and payor where applicable. Coaching strategies will be tailored to your unique needs. Your sessions will be conducted with the most compassionate methods possible regardless of age, race, cultural identity, ethnicity, gender, disability, religion, sexual orientation, marital, or socioeconomic status.

COOPERATION

It is assumed all parties will be in full cooperation with each other in regards to the agreed upon Coaching objectives. Neither party will withhold important information, which would benefit the Coaching process, nor will any party act in any manner that would interfere with facilitation of the Coaching goals in a timely manner. Coaching is most effective when all parties are open, honest, and straightforward in their communication. Therefore, expect your Coach to hold you accountable on your commitments in order to facilitate change.

THE COACHING PROCESS

Coaching typically includes weekly appointments for at least a number of months. Sessions will continue until you feel you have accomplished your personal goals. A minimum 3 month commitment to Coaching is required for best Coaching results. Sessions are typically 45-50 minutes in duration. However, more frequent sessions and longer timeframes can be arranged or may be included in various packages. These appointments are generally scheduled on a fixed time slot (same day, same time).

At the end of each Coaching session, the client typically agrees to goals to work towards prior to the next session and an assignment to be completed before the next session in order to help increase success. In between regular Coaching sessions, we will use email “post-session recaps” to enhance and anchor the benefits of the Coaching. This will create a “journaling” of success.

As you progress in Coaching and are seeing great results, please share your Coaching successes with others and tell them about your Coach. Your referrals are greatly appreciated and depended upon to fill your Coach’s practice. A referral from you means much more to your Coach than someone who just stumbles on your Coach’s website. A referral from you lets your Coach know they are doing a great job and you would like those you care about to experience the same great results you are achieving. If you know a young person who needs a Coach, simply let your Coach know you are referring them. Then, have them contact your Coach through the Contact page on the Next Gen Counseling and Coaching website to begin the process. Written client success stories are always welcome and can be given directly to your Coach or submitted via the website as well.
CLIENT RESPONSIBILITIES

1. As a client, I understand and agree I am fully responsible for my wellbeing during my Coaching sessions, including my choices and decisions. I agree not to hold Lisa M. Thompson, or any company she is affiliated with, liable for any outcomes resulting directly or indirectly from the Coaching process.

2. I understand “Coaching” is a relationship I have with my Coach that is designed to facilitate the creation/ development of personal goals and to develop and carry out a strategy/plan for achieving those goals. I am aware I can choose to discontinue Coaching at any time.

3. I understand Coaching is a comprehensive process that may involve all areas of my life, including relationships, education, spiritual, health, work, finances, and recreation. I acknowledge deciding how to handle these issues and implement my choices is exclusively my responsibility.

4. I understand Coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand Coaching is not a substitute for Counseling, Psychotherapy, Psychoanalysis, Psychiatry, or Substance Abuse Treatment. I will not use it in place of any form of Therapy. Coaching is for people who are basically well-adjusted, emotionally healthy, functioning effectively, and wanting to make changes in their lives. If I believe I may need Therapy in addition to Coaching, I will speak to my Coach about options.

5. I promise if I am currently in any form of Therapy, seeing a Psychiatrist, or otherwise under the care of a mental health professional or doctor, I have consulted with such persons regarding the advisability of working with a Coach and such persons are aware of my decision to proceed with the Coaching relationship. I am willing to sign a full Authorization for Release and Exchange of Information to these individuals so my Coach can openly communicate with them so I can achieve the best results.

6. I understand Coaching isn’t to be used in lieu of other professional advice. I’ll seek professional guidance for mental, legal, medical, financial, or other matters. All decisions in these areas are exclusively mine and I acknowledge my decisions and actions regarding them are my responsibility.

7. Coaching assumes each person in the relationship is guided by his or her values and beliefs. I understand my Coach is a Christian and seeks to live in accordance with this commitment. However, my Coach will respect the values and beliefs of others and not seek to impose their values on, condemn, or refuse Coaching services to people who do not share similar values and beliefs. For clients who do share Christian beliefs, my Coach will provide opportunities to pray together, Bible reading assignments, as well as other spiritual growth activities.

8. I understand information will be held as confidential unless I state otherwise, in writing, except as required by law.

9. I grant my Coach permission to keep a confidential record regarding my Coaching progress.

10. If my Coach has any reason to suspect any abuse of alcohol or substance abuse, I agree to submit to a random drug/alcohol screens and breathalyzer tests as indicated by my Coach. I will keep in mind abusing alcohol and/or using substances of any kind impairs my thinking and can hinder the Coaching process. If I am abusing alcohol or drugs, I am in fact stating I am not invested in the Coaching process as I am not invested in moving forward with my life. If this determination is made, my Coach will discuss with me about whether Coaching will continue and recommendations for treatment. If it is decided my poor decisions of continuing to use substances are a cause to discontinue Coaching, all fees paid in advance will be forfeited.
FEES

Coaching fees are based on the services provided. I agree on an initial package rate of $_____________ for 4 Sessions/ 12 Sessions/ 24 Sessions (circle one). I will pay at least 48 hours in advance of sessions. I am free to change to a different Coaching package after that period and will make my Coach aware of my plans. Fees paid in advance will be forfeited if Coaching is discontinued for any reason prior to the end of the Coaching term. Our Coaching process is designed to take place 4 times a month (unless I choose a more intense package or decide differently with my Coach). When there are 5 weeks in a month, 1 week will be skipped (together we can determine the week). The extra week can be used to make up for a missed appointment or an additional $150 payment can be made to include a 5th appointment that month. Occasional brief e-mail and brief text message exchanges are available between appointments. In an emergency, my Coach is available for 10 minute phone conversations between appointments. If a longer conversation is needed or if this service is abused, I understand I will be billed in 15 minute increments that will be rounded up at a $150 hourly rate. If e-mail or texting is abused, an extra fee will be added for this service. I understand my Coach may not be able to respond immediately to e-mails, texts, or calls and will respond as soon as possible. I will give a 48 hour notice to reschedule a Coaching session. Otherwise, I will be charged a “no show” fee even if I reschedule for the same week. I will notify my Coach at least a week in advance of a vacation and schedule my monthly sessions accordingly. Otherwise, I will be charged a no show fee for the missed session(s). I am responsible for meeting or calling my Coach at the scheduled appointment time. If I am late arriving or calling, the appointment will be kept within the originally scheduled time and the time I’m late will be forfeited. If I am more than 15 minutes late, I will be considered a no show. All no shows will result in a forfeited session from the Coaching package or a will be billed at the hourly rate of $150. I will provide my Coach with a valid credit card to keep on file and charge in such instances. My Coach is available for Consultations with family members, conferences with other professionals, and other important meetings at a $150 hourly rate. This fee will be deducted as a session from my Coaching package when possible or payment will be required in advance. I agree to pay for any long distance phone charges. Whenever possible and necessary to enhance my performance, we will meet in person. When this is not possible, sessions will typically take place on the phone or via Skype. If travel is required for my Coach to meet with me, I will be responsible for all travel, food, and lodging expenses. I agree any additional items used during the Coaching process such as assessments, workbooks, and books are my financial responsibility. The products and services needed for successful outcomes vary depending on each specific situation. Additional services or materials that could be of benefit to the Coaching process may be recommended. Costs will be discussed with me to be sure an informed decision is made. Achieving greater success is always the primary objective. I understand Coaching fees are subject to change.

SOCIAL MEDIA

Your Coach does not accept personal friend requests from clients or their family members on any social networking site. Adding clients as friends on these sites can compromise your confidentiality. Your Coach is on various social networking sites for professional reasons. You are welcome to view your Coach's website and social networking business pages. Valuable resources are shared on those pages. So, you may find it helpful to get updates from those sites on your cell phone where available. If you wish, you should also be able to add the Facebook page to an Interest List without creating a visible, public link to the page. If you should choose to comment on a social media post, in order to protect your privacy, your Coach will respond to you in a manner that doesn't reveal your relationship. However, if this is impossible, your Coach will not respond to your comment at all and may choose to delete your comment if your Coach feels it compromises your privacy. If you'd like to discuss a post, feel free to bring it up during a session. E-mail is not encrypted. If you should desire to use an encrypted service, this is something that can be discussed.
ONE MORE WORD ABOUT CONFIDENTIALITY

Confidentiality and protection of intellectual property is mutually agreed to be protected by this contract of agreement. Therefore, both parties agree all data, information, and work completed during the course of Coaching will remain confidential. No information or materials will be shared with outside sources, on the internet, or other people regarding the work of either party, except with express written permission of both parties. Your identity and the nature of the sessions will be kept private from any third parties unless a written consent is provided.

However, your Coach may confer with another Coach or professional to discuss strategies to help you achieve your goals. If you choose not to provide written consent, your Coach may still seek out the advice of another professional without revealing your name or any identifying information. In case your Coach has an emergency, your Coach has established an emergency plan with other professionals to make sure you are notified and your needs are cared for. In which case, your information may be disclosed to them.

There are 3 exceptions to confidentiality:
1. When disclosure is imminent to prevent self-harm or harm to others
2. When a child, elder, or disabled person is in need of protection
3. When legal demands require confidential material be released

MODIFICATIONS AND EVALUATIONS

Either party may modify this contract at any time it becomes apparent modification is needed. The client may terminate Coaching at any time. If Coaching is discontinued for any reason by the client or Coach, payment made for the current package will be considered payment-in-full for the Life Coaching Agreement. All fees paid in advance and the remainder of the sessions in the current package will be forfeited upon cancellation.

The Coach agrees to advise and influence ideas and action. However, the client is always the final decision maker in the Coaching process. By signing below, I certify I have read this Life Coaching Agreement and agree to abide by all above policies and procedures. I also agree to hold Lisa M. Thompson and Next Gen Counseling and Coaching harmless for any adverse situations created as a direct or indirect result of specific Coaching, advice, or referrals given. I acknowledge the receipt of a copy of this Agreement.

Client’s Signature ____________________________ Printed Name ____________________________ Date ____________________________

Payor’s Signature (if different from the Client) ____________________________ Printed Name ____________________________ Date ____________________________

Payor’s Signature (if different from the Client) ____________________________ Printed Name ____________________________ Date ____________________________

Coach’s Signature ____________________________ Printed Name ____________________________ Date ____________________________
Notice of Privacy Practices for Counseling & Coaching Services

Next Gen Counseling and Coaching is dedicated to maintaining your confidentiality and the privacy of your health information. This notice pertains to Counseling and Coaching clients engaged in services and describes how personal information about your health or substance use may be used, disclosed, and how you can get access to this information.

Client Records
While conducting business with you, records are created regarding you and the services provided to you. When engaging in Counseling or Coaching services, your record may contain personal information about you and your health. State and federal law protects the confidentiality of this information. “Protected health information” is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. The confidentiality of alcohol and drug abuse client records is specifically protected by federal law and regulations. Next Gen Counseling and Coaching is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the services you are engaged in Therapy services and/or disclosing any information that identifies you as an alcohol or drug abuser. The violation of Federal laws or regulations is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with federal regulations.

How Your Information May be Used and Disclosed:
- For Treatment or Services. Use of medical and clinical information about you may be used to provide you with treatment or services.
- For Payment. Your information may be used and disclosed to bill and collect a payment for the services or items provided to you.
- For Health Care Operations. Use and disclosure of protected health information (“PHI”) for certain purposes in connection with the operation of services.
- Without Authorization. Applicable law also permits disclosure of information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained on the following pages.
- With Authorization. Written authorization must be obtained from you for other uses and disclosures of your PHI.

Your Rights Regarding Your Protected Health Information
You have the following rights regarding PHI maintained about you:
- Right of Access to Inspect and Copy. You have the right, which may be restricted in certain circumstances, to inspect and copy PHI that may be used to make decisions about your care. There is a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- Right to Amend. If you feel that the PHI about you is incorrect or incomplete, you may ask for an amendment to the information although agreement to amend isn’t required.
- Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures that is made of your PHI.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or of your PHI for services, payment, or health care operations. Agreement is not required for your request, except in certain limited circumstances.
- Right to Request Confidential Communication. You have the right to request that communication about medical matters be made in a certain way or at a certain location.
- Right to a Copy of this Notice. Upon Request, you have the right to a copy of this notice.

Confidentiality of Alcohol and Drug Abuse Client Records
The confidentiality of alcohol and drug abuse client records is protected by additional federal law and regulations. Next Gen Counseling and Coaching and Lisa Thompson are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of Next Gen Counseling and Coaching that you are involved in services or disclosing any information that identifies you as an alcohol or drug abuser. Some of the exceptions to this general rule include:
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is with your written consent.

The violation of federal laws or regulations is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with federal regulations.
How Your Health Information May Be Used and Disclosed
Listed below are examples of the uses and disclosures that Next Gen Counseling and Coaching and Lisa Thompson may make of your protected health information ("PHI"). These examples are not meant to be exhaustive. Rather, they describe types of uses and disclosures that may be made.

Uses and Disclosures of PHI for Services, Payment, and Business Operations

Services. Your PHI may be used and disclosed by your physician, Counselor, Coach, staff, and others outside of Next Gen Counseling and Coaching that are involved in your care for the purpose of providing, coordinating, or managing your health care and any related services. This includes coordination or management of your care with a third party, consultation with other health care providers, professional Coaches or referral to another provider. For example, your protected health information may be provided to the agency that referred you to Next Gen Counseling and Coaching to ensure that you have the best opportunity for success. In addition, disclose of your protected health information may be made from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of Next Gen Counseling and Coaching, becomes involved in your care.

Payment. Your PHI will not be used to obtain payment for your health care services without your written authorization. Examples of payment-related activities are: billing you for services and items you receive, making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

Business Operations. Your PHI may be disclosed, as needed, in order to support the business activities of services including, but not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, your name may be called in the waiting room when it is time for your appointment. Your PHI may be shared with third parties that perform various business activities (e.g., billing or typing services) for Next Gen Counseling and Coaching, provided there is a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. You may be contacted to be reminded of your appointments or to provide information to you about services or other related benefits and services that may be of interest to you.

Other Uses and Disclosures That Do Not Require Your Authorization

Required by Law. Disclosure of your PHI may be made to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law.

Medical Emergencies. Disclosure or use of your protected health information in a medical emergency situation to medical personnel only.

Child Abuse or Neglect. Disclosure of your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect, prenatal exposure to controlled substances, including alcohol. However, the information disclosed is limited to only that information which is necessary to make the initial mandated report.

Minors. Disclosure may be made to a parent, guardian, or other person authorized under state law to act on behalf of a minor, those facts about a minor which are relevant to reducing a threat to the life or physical wellbeing of the minor or any other individual, if the minor applicant lacks capacity to make a rational decision and the minor’s situation poses a substantial threat to the life or physical wellbeing of the minor or any other individual which may be reduced by communicating relevant facts to such person.

Incompetent and Deceased Clients. Disclosure of PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Research. PHI may be disclosed to researchers if (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to redisclose your protected health information except back to Next Gen Counseling and Coaching.

Criminal Activity on Premises/Against Personnel. Disclosure may be made of your PHI to law enforcement officials if you have committed a crime during services or against Next Gen Counseling and Coaching staff.

Duty to Warn. When it is learned that a client has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, careful consideration will be given to appropriate options that would permit disclosure.
Uses and Disclosures WITHOUT Your Authorization: Protected Health Information NOT in Connection with Drug or Alcohol Abuse Diagnosis, Treatment, Service, or Referral.

If you are not applying for or receiving services related to drug or alcohol abuse, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing information involving drug and alcohol diagnosis, treatment and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving services for drug or alcohol abuse. (This list does NOT apply to those persons applying for or receiving services for drug or alcohol abuse):

1. **Allowable disclosure when required by law.** Disclosure of your PHI as required by state or federal law.
2. **Allowable disclosure for health or safety.** Disclosure of your protected health information may be made to avert or lessen a serious threat of harm to you, to others, or to the public.
3. **Expanded allowable abuse reporting/investigation of abuse.** Disclosure of protected health information may be made to a person legally authorized to investigate a report of abuse or neglect.
4. **Expanded allowable public health and health oversight activities.** Disclosure of your protected health information may be made for public health purposes and health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, requirement to collect, report or disclose information about disease, injury, vital statistics for public health purposes or other information for investigation, audit or other health oversight purposes.
5. **Expanded allowable disclosure for law enforcement activities.** Disclosure may be made of protected health information to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.
6. **Expanded allowable disclosure to your legally authorized representative (LAR).** Disclosure of your health information to a person appointed by a court to represent or administer your interests.
7. **Expanded allowable disclosure in judicial and administrative proceedings.** Disclosure of your health information may be made pursuant to a valid court or administrative order, or in some cases, in response to a valid subpoena or discovery request.
8. **Allowable disclosure to the Secretary of Health and Human Services.** Disclose must be made of your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.
Your Rights Regarding your Protected Health Information
Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

You have the right to inspect and copy your Protected Health Information. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as the record is maintained. A “designated record set” contains medical and billing records and any other records used for making decisions about you. Your request must be in writing. A reasonable cost-based fee is charged for the copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You can be denied access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access.

You may have the right to amend your Protected Health Information. You may request, in writing, that your PHI be amended that has been included in a designated record set. In certain cases, the request for an amendment may be denied. If your request is denied for amendment, you have the right to file a statement of disagreement. A rebuttal may be prepared to your statement and you will be provided with a copy of it.

You have the right to receive an accounting of some types of Protected Health Information disclosures. You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes, or made as a result of your authorization. A reasonable fee may be charged.

You have the right to request a paper copy of this notice upon request.

You have the right to request added restrictions on disclosures and uses of your Protected Health Information.

You have the right to ask that use or disclosure of any part of your PHI for services, payment, or health care operations not be made to family members involved in your care. Your request for restrictions must be in writing and Next Gen Counseling and Coaching is not required to agree to such restrictions, unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment of health care operations, and the PHI pertains to a health care item or services that you paid for out of pocket. In that case, your request will be honored for a restriction. In all other cases, it will be decided whether or not to agree to the restriction.

You have a right to request confidential communications. You have the right to request to receive confidential communications by alternative means or at an alternative location. Reasonable, written requests will be accommodated. This accommodation may be conditioned by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact.

You have the right to file a complaint if you believe your privacy rights as a client have been violated. You may file a complaint in writing to Next Gen Counseling and Coaching or to the Department of Health & Human Services. The complaint must be filed within 180 days of when you knew or should have known that the act occurred.

In addition, if there is a breach of unsecured protected health information concerning you, it may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Changes to this Privacy Statement
Next Gen Counseling and Coaching and Lisa Thompson may revise and/or update the Privacy Policy at any time. Your continued usage of services means that you accept those changes. Therefore you should review the Privacy Policy periodically to familiarize yourself with any changes, modifications, updates and interpretations. The right to change the terms of Notice of Privacy Practices at any time is also reserved. Any new Notice of Privacy Practices will be effective for all PHI that are maintained at that time. Revisions to the Notice of Privacy Practices will be made available by posting a copy on the Next Gen Counseling and Coaching website: NextGenCounseling.com, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

This Notice of Privacy Practices describes use and disclosure of your protected health information (“PHI”) in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. Law requires privacy of PHI to be maintained and to provide you with notice of legal duties and privacy practices with respect to PHI.

If you have questions regarding the Privacy Policies of Next Gen Counseling and Coaching you may contact Info@NextGenCounseling.com or 815.310.0009.

THESE LEGAL NOTICES ARE SUBJECT TO CHANGE WITHOUT NOTICE
The Effective date of these Privacy Policy and Notice of Privacy Practices is June 15, 2012
I have received a copy of the Next Gen Counseling and Coaching Privacy Policy Practices with an effective date of June 15, 2012. I understand and agree to the conditions of such.
Contact Information Sheet

Client Name: ___________________________ Date of Birth: ____________________ Sex: ____________________
Address: ___________________________ City, State, Zip: ____________________ Time Zone: ______
Cell#: (___)_________________ Home#: (___)_________________ Work#: (___)_________________ ext: ______
Primary Email: ______________________________ Secondary Email: __________________

Spouse/Closest Family Member: ___________________________ Relationship: ____________________
Address: ___________________________ City, State, Zip: ____________________ Time Zone: ______
Cell#: (___)_________________ Home#: (___)_________________ Work#: (___)_________________ ext: ______
Primary Email: ______________________________ Secondary Email: __________________

Emergency Contact (Other than Person Above): ___________________________ Relationship: ______
Address: ___________________________ City, State, Zip: ____________________ Time Zone: ______
Cell#: (___)_________________ Home#: (___)_________________ Work#: (___)_________________ ext: ______
Primary Email: ______________________________ Secondary Email: __________________

Who referred you to Next Gen Counseling and Coaching?
Agency: ___________________________
Name: ___________________________ Relationship: ____________________
Address: ___________________________ City, State, Zip: ____________________ Time Zone: ______
Cell#: (___)_________________ Home#: (___)_________________ Work#: (___)_________________ ext: ______
Primary Email: ______________________________ Secondary Email: __________________

Additional Contacts

Please list anyone else who has been clinically involved with you
(Examples: Therapists, Psychiatrists, Inpatient or Outpatient Counselors, Treatment Centers, Educational Consultants, SAP counselors, IEP counselors, School Counselor and Social Workers, Probation Officers, Pastors, etc.)

Agency: ___________________________
Name: ___________________________ Relationship: ____________________
Address: ___________________________ City, State, Zip: ____________________ Time Zone: ______
Cell#: (___)_________________ Home#: (___)_________________ Work#: (___)_________________ ext: ______
Primary Email: ______________________________ Secondary Email: __________________
Authorization for Release and Exchange of Information

I understand that in order to gain the most benefit from my progress, it may be helpful for information to be exchanged for the purpose of obtaining collateral information, allow for consultation and/or coordination of services between Lisa Thompson of Next Gen Counseling and Coaching and other involved professionals, pastors, or family members.

<table>
<thead>
<tr>
<th>To exchange information as identified and checked below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✑ Assessments and Recommendations</td>
</tr>
<tr>
<td>✑ Chemical Dependency Evaluation/ Treatment</td>
</tr>
<tr>
<td>✑ Biopsychosocial, Developmental/ Social History</td>
</tr>
<tr>
<td>✑ Treatment or Action Plan/ Summary/ Progress</td>
</tr>
<tr>
<td>✑ Psychological/ Psychiatric Evaluation and Records</td>
</tr>
<tr>
<td>✑ Medical Records (Including Medication/ Drug and Alcohol Tests)</td>
</tr>
<tr>
<td>✑ Discharge Summary/ Discharge Planning and Recommendations</td>
</tr>
<tr>
<td>✑ Academic Records/ Evaluations/ Staff Observations</td>
</tr>
<tr>
<td>✑ Case Management</td>
</tr>
<tr>
<td>✑ Progress/ Case Notes</td>
</tr>
<tr>
<td>✑ Legal Involvement and Records</td>
</tr>
<tr>
<td>✑ Consultations</td>
</tr>
<tr>
<td>✑ Demographics</td>
</tr>
<tr>
<td>✑ Emergency</td>
</tr>
<tr>
<td>✑ Other (Specify): _________________________________</td>
</tr>
</tbody>
</table>

Revocation: I am aware that any cancellation or modification of this authorization must be in writing and received by Lisa Thompson, to be effective. I have the right to revoke this authorization at any time and authorization will not affect any information already released. This authorization is valid during the pendency of any claim or demand made by or in behalf of me, and arising out of an accident, injury, or occurrence to me. Unless sooner revoked, this consent expires 2 years from date of last service.

Conditions: I understand that no services will be denied solely because I refuse to consent to this release of information, and that I am not in any way obligated to release these records. I do release them because I believe that they are necessary to assist in my success.

Form of Disclosure: Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Redisclosure: Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. I will be given a copy of this authorization for my records at my request.

With this, I release and hold Lisa Thompson harmless from any liability for the release of any information provided in accordance with this directive.

Client Signature (Required for clients 12 and older) _______________ Date _______________

Parent/Guardian Signature (required for clients under 18) _______________ Date _______________

Signature of Witness Attesting to Identity and Authority _______________ Date _______________

Copy for Client or Parent/Guardian Copy for Recipient

Copy for Source of Records
Credit Card Authorization

By signing this agreement, I am authorizing Lisa Thompson to bill my credit card for all professional services rendered to the “Client” that are not paid at the time of service, or for situations which fall under the late cancellation policy listed below. I agree I will not dispute those charges (“charge back”), which may include, but are not limited to:

- If the client does not show for an appointment and has not cancelled or rescheduled with 48 hours notice, the $150 hourly Coaching fee will be charged as outlined in the cancellation policy.
- Telephone contact in excess of that usually associated with services, billed in 15 minute increments (rounded up) and prorated at the regular hourly rate, this will include phone contact in excess of 15 minutes outside of the regularly scheduled appointment time.
- Requests for letters, forms, or other paperwork to be filled out for a 3rd party is billed in 15 minute increments (rounded up) and prorated at our regular hourly rate.
- Returned checks will incur the check amount, a $25 fee, and any additional bank fees.
- PayPal payments declined due to nonsufficient account funds will incur the payment amount, a $25 fee, and any additional bank fees.
- Long distance phone charges, travel, food, and lodging expenses if required for progress.

If I have questions or concerns regarding any part of this fee structure or billing/payment policies, I will discuss these with Lisa Thompson as soon as possible. This form will be securely stored in client’s confidential file and updated upon request at any time.

Please initial each of the following:

- I agree to pay the current hourly Coaching fee plus processing fees for “no show” appointments and cancellations with less than 48 hours notice. If the session was part of a Coaching package, I agree that session will be forfeited.
- I understand my card will be charged for returned checks for amount of check plus $25 fee.
- PayPal payments declined due to nonsufficient account funds will incur the payment amount, a $25 fee, and any additional bank fees.
- I will not dispute charges for sessions I have received, appointments I have missed with less than 48 hours notice, charges due to bounced checks, or additional phone calls.
- I agree to pay for materials needed for our work at which the cost will be discussed in advance.
- I agree to pay for drug/alcohol screens and other materials needed for our work.
- I agree to pay for long distance phone, travel, food, and lodging expenses if required.
- I understand Coaching fees are subject to change so fees may increase.

Credit Card Type (check one): Visa ______ MasterCard ______ Discover ________ American Express ________
Credit Card Number: ___________________________ Expiration Date: __________________
Name as Printed on Card: ___________________________
Verification/Security Code (3 digit code on back of card by signature line): __________________________
Billing Address: __________________________ City, State, Zip: __________________________

__________________________________  _________________  __________________________
Signature of Card Holder                  Printed Name                 Date
**Life Success Scale**

Name: _______________________
Date: ________________________

*Now let’s get really honest! Take an intense look at your life, and score yourself using the following scale from 1-10 evaluate how successful you believe you are in the major areas of your life.*

<table>
<thead>
<tr>
<th>Area</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health (nutrition, exercise, weight, sleeping, self-care, managing stress)</td>
<td></td>
</tr>
<tr>
<td>Emotional Control and Health (self-esteem, self-control, confidence, managing mood)</td>
<td></td>
</tr>
<tr>
<td>Spiritual Health (consistently living within belief/value system, character, integrity, ethics)</td>
<td></td>
</tr>
<tr>
<td>Financial Responsibility (money management, savings, debt, credit cards, feelings of entitlement)</td>
<td></td>
</tr>
<tr>
<td>School and Work (grades, completing assignments, behavior, attendance, work ethic, relationships)</td>
<td></td>
</tr>
<tr>
<td>Social Support and Friendships (asking for help, not isolating when life is hard)</td>
<td></td>
</tr>
<tr>
<td>Family and Closest Relationships (healthy relationships, strong connections, dependable)</td>
<td></td>
</tr>
<tr>
<td>Time, Organization, and Schedule (procrastination, planning, goal directed, follow through)</td>
<td></td>
</tr>
<tr>
<td>Learning and Personal Growth (continuing to learn new things and grow as a person)</td>
<td></td>
</tr>
<tr>
<td>Recreation, Relaxation, and Taking Time for Fun (enjoying the journey, taking down time)</td>
<td></td>
</tr>
</tbody>
</table>

**Life Success Scale Total Score =**

**How did you score?**
10 - 25 = Crisis Level
25 – 50 = Unhealthy Living Level
50 - 75 = Healthy Living Level
75 - 100 = Optimal Living Level

**My Top 3 Areas to Focus on in Coaching (Explain why you picked these):**
SESSION PREP FORM

Name: _______________________________  Date of Next Session: _____________________

To get the most out of our Coaching sessions, prior to each Coaching session please consider how you want to use our time together. The more focused you are, the more successful we can be when we talk. Please e-mail your responses to your Coach at least 24 hours in advance of each session. Upon request, this form is available in e-mail format.

What action(s) have I taken this week towards my goals?

__________________________________________________________________________
__________________________________________________________________________

What didn't I get done, but intended to accomplish since our last session?

__________________________________________________________________________
__________________________________________________________________________

Did I have any wins, breakthroughs, or insights since our last session?

__________________________________________________________________________
__________________________________________________________________________

Where am I making progress?

__________________________________________________________________________
__________________________________________________________________________

What are the biggest challenges or struggles right now?

__________________________________________________________________________
__________________________________________________________________________

Where am I feeling stuck?

__________________________________________________________________________
__________________________________________________________________________

What do I want to discuss in our next Coaching session?

__________________________________________________________________________
__________________________________________________________________________

Anything else?

__________________________________________________________________________
__________________________________________________________________________
Documentation Checklist

To avoid any delays, before returning the completed packet, please be sure to include:

- Completed and signed Life Coaching Agreement (sign the copy in the Family Welcome Packet instead of the one in this packet if they are assisting you with payment)
- Signed Acknowledgement of Receipt of Privacy Practices
- Contact Information Sheet
- Completed and signed Authorization for Release and Exchange of Information forms for:
  - Closest Family Member/ Spouse/ Significant Other
  - Emergency Contact (other than Closest Family Member/ Spouse/ Significant Other) - required
  - Anyone else your Coach needs to be in contact with such as:
    - Referral (if you’ve indicated I may thank them for referring you)
    - Educational Consultant – full release required
    - School (Counselor, Social Worker, Psychologist, Dean, Professor, Resident Director, etc)
    - Therapist/ Social Worker/ Case Manager (past and present) – full release required
    - Psychiatrist (past and present) – full release required
    - Primary Care Physician or other Medical Professionals
    - Pastor, College/Young Adult Pastor, Small Group Leader, Mentor, etc
    - Probation Officer, Attorney – full release required
    - Employer (if verification of Coaching is needed for time off for Coaching appointments, etc)
- Completed and signed Credit Card Authorization (signed by party responsible for payment)
- Completed Life Success Scale
- A copy of your Driver’s License or current photo ID
- A recent favorite picture of yourself and one of you with your family
- This Completed Documentation Checklist

Method of Payment for Coaching Fee:

- Please do not enclose your payment. Instead, make your payment at NextGenCounseling.com through PayPal. Choose the package you wish to purchase, make your payment, and PayPal will send you a receipt. Be sure to pay your first payment and renew your package as needed at least 48 hours prior to our sessions in order to prevent any interruption in services. Remember when choosing your Coaching package a minimum 3 month commitment is required for best Coaching results.

Note: You don’t need to do anything with your Session Prep Form until before your second session. If you would like I will e-mail you this form.

Returning your paperwork signifies you have fully read through all enclosed information so are responsible for it. Please make a photocopy of all completed forms to keep for your records. Send your completed forms with this checklist and all required supporting documentation to:

Lisa Thompson
Next Gen Counseling and Coaching
1702 Windsor Road #16382
Loves Park, IL 61111
Other Available Services

Young Living Essential Oils

My passion for Essential Oils is fueled by encountering so many people (both young and old) who experience horrible side effects from medications or medication may not even work really well. Some feel like the shell of the person they once were because of the side effects of prescribed medication.

Many others are addicted to dangerous and deadly amounts of anxiety medications, sleep medications, and pain medications just to cope with life, stress, anxiety, pain, and insomnia! It's really hard for them to imagine life beyond their addiction when they have no alternative ways to help them deal with the other problem that started the addiction in the first place. Then there are people who are trying to get their lives together by getting clean and sober. They are faced with the fact that they can't take potentially addictive medications so are left with little help and few alternatives. Often this leads to relapse!

Some people absolutely need medication, but others may be helped in more natural ways. I've always believed in using medications as a last option instead of the first option whenever possible.

State-of-the-Art Drug and Alcohol Testing

Drug store drug and alcohol test kits are often unreliable giving false results causing even more problems in the end. Most people are unaware of this. Doctor's offices and the local lab aren't able to test for the newest street drugs. This is exactly why many people abuse these dangerous drugs.

So, I've partnered with the nation’s premier forensic drug testing facility, Redwood Toxicology Laboratory, to provide you with the most comprehensive, cutting edge, cost effective drug and alcohol testing options. They deliver results with scientific certainty, dependability, proven drug screening processes, and the assurance of legally defensible results.

Laboratory services include prescription drug testing, alcohol testing for up to 4 days since the last drink, synthetic marijuana drug testing, all the newest designer drug testing, steroid testing, and much more.

Services Available for Anyone in the USA
Find Out More and Order at NextGenCounseling.com