

# Resolute Consulting Group LLC

*Trusted Advisory Consulting*

*Board Certified Specialists in Executive, Leadership and Career Coaching and Counseling*

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John P. Schreitmuller, PCC, ECP-BC, President and CEO  
Pat D. Jones, APRN-BC, Partner

## Client/Participant Information (please print)

Full Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)  
Age \_\_\_\_\_

Address: \_\_\_\_\_ (number & street name, route  
or box number)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Home telephone number: \_\_\_\_\_ Permission to call? Yes \_\_\_\_\_  
No \_\_\_\_\_

Business telephone number: \_\_\_\_\_ Permission to call?  
Yes \_\_\_\_\_  
No \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Permission to call? Yes \_\_\_\_\_  
No \_\_\_\_\_

Fax number: \_\_\_\_\_ Permission to use? Yes \_\_\_\_\_  
No \_\_\_\_\_

E-mail address: \_\_\_\_\_ Permission to use? Yes \_\_\_\_\_  
No \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Married) (Single) (Divorced) (Separated)

Name of spouse or life partner, if applicable: \_\_\_\_\_

Who is responsible for the bill? \_\_\_\_\_

If different from client participant identified above, please provide name, full address and phone number for responsible party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What primary concerns, interests or issues do you seek to discuss with Resolute Consulting Group LLC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you referred to Resolute Consulting Group LLC? \_\_\_\_\_

If so, by whom?

\_\_\_\_\_  
\_\_\_\_\_

Client/Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Client/Participant's Informed Consent**

I have chosen to enter into a confidential trusted advisory relationship with Resolute Consulting Group LLC ("RCG").

I understand the trusted advisory process is comprised of executive, leadership, organizational, developmental, behavioral, business, life, career and transition-related coaching, counseling and consulting, as appropriate, and that the term "trusted advisory" refers to these mediums for the purposes of this informed consent.

I understand that my professional trusted advisory relationship with RCG is limited to executive, leadership, organizational, developmental, behavioral, business, life, career or transition coaching, counseling and consulting; and coaching, counseling and consulting to help me address goals, concerns, blockages, interests or issues related to the coaching, counseling and consulting categories defined in this informed consent. I further understand that trusted advisory coaching, counseling and consulting is not psychotherapy, and that if mental health issues arise as the trusted advisory coaching, counseling and consulting process moves forward, RCG will refer me to qualified mental health professionals with whom I might work as an augmentation to the trusted advisory coaching, counseling and consulting process, or as a requirement to continue the trusted advisory coaching, counseling and consulting process now or in the future.

I understand that if clinical counseling is indicated and I elect to participate in clinical counseling in conjunction with my trusted advisory relationship with RCG, it may be provided by Pat D. Jones, APRN-BC via referral. I further understand that Pat D. Jones, APRN-BC is a licensed therapist in the State of Georgia, and that any liability pertaining to clinical counseling provided by Pat D. Jones, APRN-BC is the sole responsibility of Pat D. Jones APRN-BC.

I understand that my trusted advisory relationship with RCG is a cooperative effort between RCG and me. I will work with RCG in a cooperative manner to address my executive, leadership, organizational, developmental, behavioral, business, life, career or transition-related needs, goals, concerns, blockages, interests or issues.

I understand that during the course of the trusted advisory process, material may be discussed which may be upsetting in nature and that this may be necessary to help me address my executive, leadership, organizational, developmental, behavioral, business, life, career or transition-related goals, concerns, blockages, interests or issues.

I understand that RCG does not warrant, represent or promise a particular result or set of results as they relate to my executive, leadership, organizational, developmental, behavioral, business, life, career or transition-related goals, concerns, blockages, interests or issues; nor does RCG warrant, represent or promise a particular result or set of results as they relate to any other executive, leadership, organizational, developmental, behavioral, business, life, career, transition, personal, employment, health, sexual, financial, legal, relationship, group or personal condition, situation, issue, goal, objective, blockage, application or experience.

I understand the information I share with RCG will remain strictly confidential unless (1) I give specific permission to release the information or (2) RCG is required to release the information by law. I further understand that RCG is required to report cases in which there may exist danger to others or myself. Exceptions to confidentiality include information about intent to seriously harm an individual, child abuse, and elder abuse.

I understand that there may be other circumstances in which RCG may be required to disclose confidential information.

I understand some means of communication, such as cell phones, wireless telephones, email, text and other forms of social media may not be secure from eavesdropping, so if I agree to their use I am indicating agreement to utilize a communication medium or mediums that may not be confidential.

I understand that RCG may seek my written permission to communicate with other professionals with whom I am working.

I understand that RCG will not partake in any legal proceedings involving divorce or custody issues.

I understand that RCG reserves the right to refuse engagements if the firm suspects conflicts of interests exist.

**Payment**

Payment for engagements is due in full upon initiation of services. When trusted advisory coaching, counseling or consulting are provided on a by-session basis, payment for sessions is due in full at the beginning of each session.

**Tax Exemption**

Trusted advisory coaching, counseling and consulting provided by RCG may be tax deductible. RCG recommends discussing eligibility with a qualified Professional Financial Planner, Attorney or Certified Public Accountant.

**Missed Appointments**

RCG requests client participants to treat scheduled meetings and telephone conference appointments as high priority events. Should it become necessary to re-schedule a meeting or telephone conference, please do so at least 24 hours in advance of the scheduled appointment. RCG will bill at a rate of \$425.00 per hour for missed appointments, including scheduled initial assessment sessions, when sessions are cancelled or re-scheduled with less than 24 hours notice.

**Travel**

Air transportation, ground transportation, hotels, meals, meeting facility and related expenses are billed directly to the client at cost. Air travel within the 48 contiguous United States is billed as coach. Air travel to Alaska, Hawaii, and to all international destinations is billed as business class.

**Continuation**

Written notification of a minimum of ninety (90) days is required when clients and client participants whose working relationships with RCG are based upon monthly agreements and they (A) wish to continue the trusted advisory coaching, counseling and consulting process on a by-session basis or they (B) anticipate completion of the trusted advisory coaching, counseling and consulting process.

**Dispute**

Each party agrees to indemnify, defend, and hold harmless the other party and its agents, officers and employees from and against any and all liability, expense, including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, financial or business losses, or property damage arising from such party's performance or failure to perform its obligations hereunder.

I acknowledge responsibility for all fees incurred.

I have read, understand and agree to all parameters set forth above.

Signature of Client/Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Responsible Party (if other than Client/Participant) \_\_\_\_\_

Date \_\_\_\_\_

