RECOVERY COACHING WORKING AGREEMENT & INFORMED CONSENT

Last Updated August 1st, 2026

Vancouver Island Recovery & Addiction Services (VIRAS)

Chris Bigelow-Nuttall, BScN, RCP, CRPC

Client Name: _____

Agreement Date: _____

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1. Purpose of Recovery Coaching

Recovery coaching is a collaborative, strengths-based service designed to support individuals in identifying, achieving, and maintaining their personal recovery goals.

Recovery coaching may focus on:

☐ Developing and strengthening recovery goals
☐ Identifying personal strengths, abilities, and resources
☐ Building recovery supports and connections
☐ Developing wellness and self-management strategies
☐ Strengthening motivation, follow-through, and personal accountability
☐ Identifying barriers and practical problem-solving approaches
☐ Supporting life goals, meaningful activities, and community integration

Recovery coaching is based on the belief that each individual has the capacity to define their own recovery pathway and make informed choices about their life.

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2. Scope of Recovery Coaching Services

I understand that recovery coaching:

☐ Is a collaborative partnership, not a directive service
☐ Is based on my personal goals, values, and priorities
☐ Supports my self-directed recovery goals and chosen recovery pathway
☐ Does not require me to be abstinent unless abstinence is my personal recovery goal

When providing recovery coaching services, my recovery coach is acting in the role of a recovery coach and not as a physician, psychologist, psychiatrist, counsellor, or other treating healthcare professional.

Recovery coaching is not:

☐ Addiction counselling or psychotherapy
☐ Mental health treatment
☐ Medical care or medication management
☐ Crisis intervention services
☐ A substitute for professional healthcare services

Recovery coaching does not involve diagnosing or treating substance use disorders, mental health conditions, or other medical conditions.

When my needs fall outside the scope of recovery coaching, my recovery coach may recommend additional supports or referrals to appropriate professional or community services.

I understand that recovery coaching does not guarantee any particular outcome, including abstinence, sustained recovery, relapse prevention, improved wellness, or achievement of specific personal goals.

By signing this agreement, I acknowledge that:

☐ I will not rely on VIRAS Recovery Coaching for emergency or crisis support.
☐ If I experience an emergency or crisis, I will seek immediate assistance through appropriate emergency, healthcare, or crisis services.

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3. RISKS AND BENEFITS

Potential benefits include:

- Increased motivation, empowerment, accountability and commitment
- Enhanced self-awareness, self-acceptance, and emotional intelligence
- Improved emotional regulation and coping skills
- Strengthened understanding of effective recovery strategies, skills and tools
- Greater connection to community and social resources

Potential risks may include:

- Emotional discomfort when discussing recovery challenges
- Frustration or setbacks during the recovery process

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4. My Role as a Participant

I agree to:

☐ Participate actively and openly in coaching sessions
☐ Identify goals that are meaningful to me
☐ Communicate openly about challenges and barriers
☐ Take responsibility for my choices and decisions
☐ Explore and practice strategies discussed during sessions
☐ Communicate if I need to cancel or reschedule appointments

I understand that recovery coaching supports me in making decisions but does not make decisions for me.

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5. Recovery Coach Role and Responsibilities

My recovery coach will:

☐ Provide respectful, non-judgmental, person-centred support
☐ Maintain appropriate professional boundaries
☐ Support my autonomy and personal choices
☐ Assist me in identifying goals and action steps
☐ Provide encouragement, accountability, and relevant resources
☐ Maintain confidentiality within applicable legal and ethical limits

The recovery coach will not:

☐ Control or direct my recovery decisions
☐ Provide services outside their scope of practice
☐ Guarantee specific outcomes or recovery results

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6. Recovery Goals

My current recovery goals include:

Short-term goals:

1. _____
2. _____
3. _____

Long-term goals:

1. _____
2. _____
3. _____

Areas where I would like support:

☐ Recovery planning related to substance use
☐ Relapse prevention and planning
☐ Mental wellness
☐ Relationships
☐ Employment / education
☐ Housing stability
☐ Life skills
☐ Health and wellness
☐ Building community connections
☐ Other: _____

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7. Session Structure and Expectations

Sessions will generally include:

• Check-in and discussion of current challenges
• Review of goals and participant progress
• Identification of barriers and areas of concern
• Exploration of options and possible approaches
• Development of action steps
• Follow-up and planning

Session structure may vary based on my needs, goals, and priorities.

Session length: _____ minutes

Frequency:

☐ Weekly
☐ Biweekly
☐ Monthly
☐ Other: _____

Location / Format:

☐ Virtual
☐ Telephone
☐ Community-based
☐ Office-based

For virtual sessions, I agree to participate from a reasonably private environment where I can speak freely and where confidential conversations are less likely to be overheard.

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8. Confidentiality Agreement

Information shared during recovery coaching sessions will be treated as confidential, except where disclosure is required or permitted by applicable law.

I understand that confidentiality has limits in certain circumstances, including:

• If there is a serious and immediate concern about my safety or the safety of another person, the recovery coach may need to take appropriate steps to protect life and safety. This may include contacting emergency services or another appropriate support person.

• If disclosure is required by law, such as through a court order or other legal requirement, information will be disclosed only to the extent required or permitted by law.

• If there are concerns involving suspected abuse or neglect where reporting is required by law, relevant information may need to be disclosed.

• Other circumstances where disclosure is required or permitted by applicable law.

Electronic and Virtual Sessions

☐ I understand that virtual sessions may involve third-party videoconferencing or communication platforms. Reasonable steps will be taken to protect the privacy and security of information shared through these platforms; however, the absolute security of information transmitted over the internet cannot be guaranteed.

Records

I understand that recovery coaching records and related documentation may be maintained securely by VIRAS in accordance with applicable privacy and record-keeping requirements.

I understand that I may request access to personal information held by VIRAS about me, subject to applicable legal requirements and limitations.

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9. Communication Boundaries

Preferred method of communication:

☐ Phone
☐ Email
☐ Text message

Phone number / email: _____

I understand that:

☐ Messages may not be reviewed or responded to immediately.

☐ Recovery coaching communication is not an emergency or crisis service.

☐ Recovery coaching communication should generally be limited to matters related to scheduling, follow-up, and coaching support.

☐ Emergencies or situations requiring immediate assistance should be directed to appropriate emergency or crisis services.

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10. Attendance and Cancellation Policy

I understand that consistent attendance supports continuity and progress in recovery coaching.

I agree to provide as much notice as reasonably possible if I am unable to attend a scheduled session.

Cancellation and missed appointments:

☐ Sessions may be cancelled or rescheduled without charge when at least 24 hours' notice is provided.

☐ When less than 24 hours' notice is provided, or when a session is missed, the full session fee may apply at the Coach's discretion.

☐ Whenever possible, cancelled sessions will be rescheduled at no additional cost.

☐ I understand that missed or cancelled appointments may affect the continuity of my coaching support.

☐ I understand that repeated missed appointments may result in a discussion about whether the current coaching arrangement continues to meet my needs.

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11. Fees and Payment Agreement

Recovery coaching fee:

$_____ per session

$_____ per _____ package

Payment method:

☐ Cash
☐ E-transfer
☐ Credit / Debit
☐ Other: _____

Payment expectations:

☐ Individual recovery coaching and package fees and payment terms will be discussed and agreed upon before the service begins.

☐ Payment is expected according to the payment arrangement established at the time of booking or prior to the session.

☐ Fees are payable in Canadian dollars (CAD).

☐ If payment is not received as agreed, coaching services may be paused until the outstanding balance is resolved.

☐ I understand that fees for cancelled or missed sessions may apply in accordance with the Attendance and Cancellation Policy outlined in this agreement.

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12. Recovery Coaching Boundaries

To support a professional, respectful, and effective coaching relationship, the participant and recovery coach agree to maintain appropriate professional boundaries.

This includes:

☐ Communicating respectfully and appropriately
☐ Maintaining professional interactions and expectations
☐ Respecting the confidentiality and privacy of the coaching relationship
☐ Avoiding personal or dual relationships that could interfere with the coaching relationship or its effectiveness
☐ Maintaining appropriate boundaries regarding communication, contact, and the nature of the coaching relationship

13. Participant Rights

I have the right to:

☐ Be treated with dignity, respect, and without judgment
☐ Participate voluntarily in recovery coaching
☐ Make my own decisions regarding my recovery and personal goals
☐ Ask questions and receive clear information about coaching services
☐ Provide feedback, raise concerns, or make a complaint without fear of retaliation
☐ Discuss changes to my goals, preferences, or coaching needs
☐ End recovery coaching services at any time

14. Ending the Coaching Relationship

Either the participant or the recovery coach may end the coaching relationship at any time.

The recovery coach may recommend ending or pausing services when:

☐ The participant's needs fall outside the scope of recovery coaching
☐ There are concerns regarding safety or the ability to provide services appropriately
☐ There is persistent non-payment of agreed fees
☐ There is abusive, threatening, or harassing behaviour
☐ Continuing the coaching relationship would be inappropriate, unsafe, or inconsistent with professional boundaries

When appropriate, the recovery coach may provide referrals or recommendations for other professional or community supports.

15. Optional Support / Emergency Contact

Name: _____

Relationship: _____

Phone: _____

☐ I authorize VIRAS to contact this person in circumstances where disclosure is permitted or required by law.

☐ I do not wish to designate a support / emergency contact at this time.

16. Participant Acknowledgement

By signing this agreement, I acknowledge that:

☐ I have read and understand the purpose, nature, and limitations of recovery coaching.

☐ I understand my rights and responsibilities as a participant.

☐ I understand the limits of confidentiality and the circumstances in which information may need to be disclosed.

☐ I understand that recovery coaching is a collaborative, participant-led partnership.

☐ I understand that I am responsible for my own decisions and choices.

☐ I have had the opportunity to ask questions and seek clarification about the information in this agreement.

☐ I understand that recovery coaching is not a substitute for medical, psychiatric, therapeutic, or emergency services.

☐ I agree to participate in the recovery coaching process.

Signatures

Participant Name: _____

Participant Signature: _____
Date: _____

Recovery Coach Name: Chris Bigelow-Nuttall

Recovery Coach Signature: _____
Date: _____