



CONSENT FOR COACHING SERVICES

I, the undersigned client, have read this document in its entirety and agree to the following:

1. I request and authorize coaching services to be rendered to me by the Entrepreneurship Center, including any Agents or independent contractors with whom they contract.
2. I understand and agree that such coaching services shall only be provided when requested by the client or by the Entrepreneurship Center staff.
3. I understand and agree that the record generated as a result of a client's coaching services at the Entrepreneurship Center is the sole custody of the agency, and that a client or their legal guardian/representative has the right to request of the agency, copies of records for verification of services rendered. Such verification for the purposes of disputing any services rendered by the Entrepreneurship Center shall be accomplished by participating in the Entrepreneurship Center grievance process.
4. I understand and agree that the relationship with the provider for coaching services rendered at the Entrepreneurship Center is limited in the time and scope to the actual coaching services at the Entrepreneurship Center, and that this relationship actually expires upon completion of services requested. Therefore, upon leaving or being discharged from services, and thereafter, it is the sole responsibility of the client to seek all follow-up and additional services needed, whether or not included in the records of, or discussed with, the client at discharge or anytime during participation in services.
5. I have read and understand the consent for the coaching services rendered to me, including, but not limited to, coaching services.
6. I understand and agree that if I falsify any information provided to the Urban League of Broward County, contractors, or community partners to receive services that coaching services will be terminated immediately.

Signature of client

Date



MEDIA RELEASE FORM

The Entrepreneurship Center would like your permission to use a photograph and/or a video recording of you for publication and/or publicity purposes.

My signature below gives the Entrepreneurship Center full authorization to use a photograph and/or a video recording of me for promotional purposes at any time and/or following my participation in an Urban League of Broward County program.

Participant's Name: _____ **Date:** _____

☐

I consent for the use of my photographs and/or video recordings

☐

I do not consent for the use of my photographs and/or video recordings

Authorized Signature: _____



Right to the Grievance Procedure

You have the right to contact the Urban League of Broward County to report dissatisfaction of services or denial of your rights. It is encouraged that the complaint is brought directly to the service provider, if there is no resolution, please seek the immediate supervisor of the department. If no resolution is met with the supervisor call the Executive Vice President at (954) 625-2577.

Confidentiality

The information you provide to your service provider will remain confidential. It is the responsibility of the Urban League of Broward County staff to not disclose whether or not you are participating in ULBC Services or any other information about you.

A signed Release of Information form must be signed by you to authorize the Urban League of Broward County staff to provide referrals or discuss your care with any individuals, agencies and/or other entities as designated by you. You may revoke any Release of information at any time. The only time a Signed Release of Information is not necessary is the following:

- Court Order
- Suicidal Threats
- Homicidal Threats
- Circumstances involving Abuse of a Disable Individual, Child Abuse or Elder Abuse.
- Emergencies

All files and documentation for program participants is kept in a locked location. Pertinent information regarding your circumstance will be available to other ULBC direct service staff as needed to provide the service you elect to engage.

My signature below indicates that I have read and understand the grievance procedure.

Signature of EC Staff: _____ **Date:** _____

Client's Signature: _____ **Date:** _____