

# **BENZODIAZEPINE RECOVERY COACHING INFORMED CONSENT & LIABILITY WAIVER**

This agreement is entered into between the Client and the Coach for participation in benzodiazepine recovery, insomnia, sleep, wellness, or somatic coaching services.

## **1. Coaching Is Not Medical Care**

I understand that coaching services are educational and supportive in nature and do not constitute medical, psychological, psychiatric, nursing, counseling, or other healthcare services. The Coach does not diagnose, treat, cure, or prevent any disease or medical condition.

## **2. Medication Decisions**

I understand that all decisions regarding benzodiazepines, sleep medications, antidepressants, or any other prescription medication must be made solely with my licensed prescribing clinician. The Coach does not direct, prescribe, recommend, or supervise medication changes.

## **3. No Tapering Instructions**

I understand that coaching discussions may include publicly available educational information about benzodiazepine withdrawal and recovery. Any medication tapering schedule, dosage adjustment, reinstatement decision, or discontinuation plan must be determined by my medical provider.

## **4. Medical Emergencies**

I agree to seek immediate medical attention or call emergency services if I experience severe withdrawal symptoms, suicidal thoughts, seizures, chest pain, hallucinations, medical instability, or any other emergency condition.

## **5. Assumption of Risk**

I acknowledge that benzodiazepine withdrawal and recovery can involve significant physical, emotional, cognitive, and psychological symptoms. I voluntarily assume all risks associated with my health decisions and participation in coaching services.

## **6. No Guarantees**

I understand that no guarantees have been made regarding symptom improvement, sleep outcomes, withdrawal recovery, medication reduction, or any specific result.

## **7. Release of Liability**

To the fullest extent permitted by law, I release and hold harmless the Coach, business entities, contractors, employees, and affiliates from any claims, damages, injuries, losses, liabilities, or expenses arising from my participation in coaching services or decisions regarding my healthcare.

## **8. Acknowledgment**

By signing below, I acknowledge that I have read and understood this informed consent and liability waiver, have had the opportunity to ask questions, and voluntarily agree to participate in coaching services.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coach: Dawn Boiani-Sandberg / [SomaticSleepCoach.com](http://SomaticSleepCoach.com)