

TriHealth Wellness Coaching

TriHealth Wellness Coaching is a personalized program designed to help you make healthy lifestyle behavior changes. You will work with a certified health and wellness coach to achieve your specific goals. With this program, you will have up to 5 or up to 12 sessions to work on your goals. The actual number of sessions you have depends on the progress made and how comfortable you are with continuing on your own.

TriHealth Wellness Coaching Philosophy

The TriHealth Health coaching philosophy incorporates the idea that a wellness coach is your partner in defining your “Point B”, someone who helps you design and navigate the journey to get there during your scheduled coaching sessions. Your Wellness Coach will combine their coaching expertise with their degreed health and wellness background to help you along the way.

All meetings are by phone and last 10 to 15 minutes.

Examples of behavior change goals include:

- **Healthy Eating:** increase fruits and vegetables, decrease fat, lower sodium intake, control portions
- **Increasing Physical Activity:** begin to exercise, add more days of exercise, increase the time spent exercising, meet recommended guidelines for physical activity
- **Reducing Stress:** discover where your stress is coming from and learn ways to manage your reaction to the stressors in your life
- **Improving Sleep:** improve time management skills to allow time for sleep, learn what other factors can affect your sleep quality

There is **no cost** to you if you choose to take this opportunity to improve your overall health and wellness – it is part of your employee wellness program. Your participation and the goals you work on with your coach are completely **confidential**.

This program is free benefit of being an Archdiocese of Cincinnati Employee. There is not an incentive for completing.

To begin the coaching program, fill out and return the attached packet.

Please contact your Wellness Coordinator, with questions.

Valerie Sprouse | Phone: 513 977 0005 | Email: AOCWellness@trihealth.com

Wellness Coaching Information Sheet

Name: _____ Date: _____

Work Location: _____

Date of Birth: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

Best way/time to contact you:

EMAIL HOME/CELL PHONE: _____ (Time) WORK PHONE: _____ (Time)

Program (please check one): Up to 5 Up to 12

What are your overall health and wellness goals?

Short term: _____

Long term: _____

Please circle the number that matches where you are right now in how ready you are to make changes that will support the goals you wrote down above:

1	2	3	4	5	6	7	8	9	10
Not ready to change		Unsure			Ready to change			Already changing	

What days/times of the week would be good for you to communicate with your coach?

Standard hours are M-F 6am – 8pm EST.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Once your packet is received, our coach will reach out within five (5) business days. Please indicate below if you need to start with your coach at a later date:

Please return this packet to the Health Coaching Team:

Phone: 513 936 6665 | Email: Health_Coaching@trihealth.com | Fax: 513 852 3067

Mail: 11129 Kenwood Rd, Cincinnati, OH 45242



TriHealthCorporateHealth.com | 513 891 1622

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TriHealth Wellness Coaching

Agreement of Release of Liability

In consideration of my being allowed to receive coaching services, and in that process, to be coached in all aspects of wellness, I do hereby waive, release, and forever discharge TriHealth, Inc., Bethesda Healthcare, Inc. and my wellness coach from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of fitness/ exercise equipment or any other equipment or machinery arising out of my participation in any activities under such coaching. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any activities of wellness coaching.

I understand that as a part of my wellness coaching program I may be coached to, or it may be suggested that I, participate in fitness activities, e.g. exercise, aerobic training, strength training, flexibility training, etc., that could be potentially hazardous. I also understand that such activities involve risks of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in activity or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and risks of injury or death from such participation and activities.

I accept the above agreement of release of liability.

Signature of Participant

Date