

Sample Agreement of Understanding

If selected to participate in the Wellness Coaching Program, I will agree on the following:

- Commit to completing the program in XX-days.
- Complete a health risk assessment (HRA).
- Meet at the agreed-upon dates and times.
- Share the HRA results with my coach.
- Share my goals with my coach.
- Complete a second HRA at the end of the program and share results with my coach.
- Give my coach ongoing regular feedback regarding the effectiveness of the program and any concerns I might have as soon as they arise.

I acknowledge that having the support and resources of the Veterans Health Administration (VHA) and my coach are a privilege and that to get the results I desire, I must fully participate and keep all my agreements. I understand that if I do not attend the sessions/meetings and complete my agreed upon commitments, I may be asked to excuse myself from the program. My decision to participate in this program is strictly on a voluntary basis.

Employee Signature: _____ Date: _____

Coach Signature: _____ Date: _____

