

HOLISTIC COUNSELING AGREEMENT/WAIVER

Agreement/Waiver between Carol Ritchie, MA, CPC, and (Client), wherein Counselor agrees to provide Counseling Services for Client focusing on topics/results/outcomes/goals, to be discussed during the course of proceeding sessions.

1. Client is responsible for creating and implementing his/her own physical, mental and emotional wellbeing, decisions, choices, actions and results. As such, the Client agrees that the Counselor is not and will not be liable for any actions or inaction, or for any direct or indirect result of services provided by the Counselor. Client understands holistic counseling is not psychotherapy and does not substitute for therapy if needed, and does not prevent, cure or treat any mental disorder or medical disease. Client understands that Carol Ritchie is neither a licensed psychotherapist nor a licensed medical professional, nor is her counseling a substitute for a medical diagnosis or medical treatment.
2. Client understands that counseling is not to be used as a substitute for professional advice by mental, medical, legal or other qualified professionals and will seek independent professional guidance for such matters. If Client is currently under the care of a mental health professional, Counselor will recommend that Client inform the mental health care provider.

Services & Fees: The parties agree to engage in a one hour counseling session via telephone meeting. Counselor will be available to Client by e-mail in between scheduled meetings as defined by Counselor (up to one hour per week)

Fee for initial one-hour session is \$150. Payable through PAYPAL using Counselors' Email address: carolritchie19@gmail.com
Payment is required 24 hours in advance of session due to a 24 hour "Cancellation Policy"

Fees for subsequent sessions available on a sliding scale basis & will be determined by counselor and client.

Confidentiality: This Counseling relationship, as well as all information (documented or verbal) that the Client shares with the Counselor as part of this relationship, is bound to confidentiality by the ICF (International Coaching Federation) Code of Ethics.

Limited Liability: Except as expressly provided in this agreement, Carol Ritchie makes no guarantees or warranties, express or implied. In no event will Carol Ritchie be liable to the Client for consequential or special damages. Notwithstanding any damages that the client may incur, the entire liability under this agreement, and the Client's exclusive remedy, will be limited to the amount paid by the Client to the Carol Ritchie under this agreement for all services rendered.

I (CLIENT) hereby certifies that I do not suffer from any physical or mental disability that might affect my participation in the Counseling process, and if I have any substance abuse problems or mental illness, I have consulted with my physical and other health care professional and been advised that I may participate in the Counseling process without risk. I agree that if there is any change in this representation, I will promptly advise the Counselor.

Client hereby waives all rights to any cause of action, (except as stated above), against Carol Ritchie, or her assigns or beneficiaries, stemming from appointment(s) with her. This waiver also binds clients' agents, assigns or beneficiaries.

Our signatures on this agreement indicate a full understanding of and agreement with the information outlined above.

Client (Print Name) _____

Client Signature _____ Date

Counselor: Carol Ritchie

Signature _____ Date