Wellness Practitioner-Client Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It is very important that you understand the conditions to which you are agreeing. When you submit payment online or attend a session in person, you are agreeing with this document and, as such, it will also represent an agreement between us.

Psychic Coaching and PSYCH-K® are helpful resources for many physiological, psychological, and spiritual concerns. They are not substitutes for medical diagnosis, drug therapy, surgery, radiation, or other conventional allopathic medical interventions. Proper medical exams and diagnostic evaluations by your physician or other mental health professionals are an important aspect for healing and wellness. When used in conjunction with these other medical techniques and professionals, Psychic Coaching and PSYCH-K® can provide additional benefits.

Does what we talk about during a session remain confidential?

Confidentiality is one of the most important components between a client and wellness practitioner. Successful therapy requires a high degree of trust with highly sensitive subject matter that is usually not discussed anywhere but at the office with the wellness practitioner.

A written copy of the Wellness Practitioner-Client Service Agreement is available on the website at https://bonitapsychiccoach.com/wellness-agreement and, to complete online payment, it is required that you have read and agreed to this Wellness Practitioner-Client Service Agreement. Anyone paying cash, credit, debit, e-transfer or cheque, or booking online, will be asked to read and agree to this Wellness Practitioner-Client Service Agreement.

Expectations of Confidentiality - Informed Consent

You can expect that what you discuss in session will not be shared with anyone. This is called “Informed Consent”. Sometimes, however, you may in some situations want your wellness practitioner to share information or give an update to someone on your healthcare team such as your Physician, Naturopath, and/or Attorney. By law, your wellness practitioner cannot release this information without obtaining your written permission.

Provincial and or federal law(s) and professional ethics require counsellors and other wellness practitioners to maintain confidentiality except for the following situations; reporting suspected past or present abuse or neglect of children, adults, and elders to the authorities, including child protection and law enforcement, based on information provided by the client or collateral sources; or if the wellness practitioner has reason to suspect the client is seriously in danger of harming him/herself or has threatened to harm another person.

As a client, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights of which you should be aware. As your wellness practitioner, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Counselling and wellness modalities offer both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counselling often requires discussing the unpleasant aspects of your life. However, it has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, there are no guarantees about what will happen. This form of therapy requires a very active effort on your part. In order to be successful, you will have to work on things we discuss outside of sessions.

From our first session, you should evaluate the information I offer and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you sign this agreement. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify. If this is the case, we will modify an agreement to suit.

Appointments

Appointments will ordinarily be sixty minutes in duration as agreed on (except PSYCH-K® sessions, which often run to 90 minutes for the standard fee). If sessions run longer as is occasionally necessary, the added time will be charged accordingly and only with your prior consent.

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24 hours' notice, my policy is to collect the full amount. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees

The standard fee for a one-hour intuitive counselling session is $190.00. The standard fee for a session of PSYCH-K® is $210. All fees do not include applicable taxes. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made either online through my booking app, using a PayPal account or credit card, or by e-transfer, debit, credit, cash or cheque in person. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment.

While a lot can be accomplished in short-term therapy, some patients feel that they need more services than they can afford. If this is the case, I will do my best to find another provider who will help you continue your therapy.

Records

I do not provide a written clinical diagnosis. I am not required to keep records of the services that I provide. I may keep brief records noting that you were here, your reasons for seeking therapy, and the goals and progress we set for treatment, but I do not develop a comprehensive record.

Parents and Minors

While privacy in psychic coaching. and other wellness modalities is crucial to successful progress, parental involvement can also be essential for youth. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.

Other Rights

If you are unhappy with what is happening in your sessions, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, colour, gender, sexual orientation, age, religion, or national origin. You have the right to ask questions about any aspects of your sessions and about my specific training and experience.

Name:

Address:

Phone Number:

Email Address:

Signature: _____ Date: _____

I would like to subscribe to your newsletter for regular updates and prize draws. Yes___ No ___