

Consultation Services Agreement

This agreement for consultation services is between James R. Ramey, MUDF/E, RHA and _____ which shall be governed by all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either an associate of the practice or Better Business Bureau mediator.

A. The facilitator is James R. Ramey, MUDF/E, RHA who's credentials are in the **Ultra Depth®** Process, Hypno-Anaesthesia, NLP, Visivity™ and TCT™.

B. The consultation is confidential, facilitated by a trained and experienced professional. Consultations will be limited to 10 sessions overall with an evaluation at the end of the final session. Consultations shall be terminated or a referral for treatment elsewhere may be made at this time, whichever is in the clients best interest.

C. Fees and insurance policy:

Client fees are to be determined at the first session. Full or partial payment shall be made at the end of each session by the client. The client understands that the facilitator will not be able to receive insurance reimbursement under many policies. Clients are responsible to bill their own insurance if, they believe the session is covered. Clients are fully responsible for the payment of all fees.

D. Cancellation Policy:

We agree to ask that clients maintain responsible relations regarding appointment times. Any appointment canceled after 6pm the day before the appointment shall have to pay one half of the fee rate for the first incident and the full fee rate for any incidents thereafter. Most insurance companies will not reimburse you for this charge.

E. Confidentiality Policy:

All consultation communications, records, and contacts with professional and any support staff will be held in strict confidence. Information may be released, in accordance with state law, only when:

1. Client signs a written release of information indicating informed consent to such release.
2. The client expresses serious intent to harm him/herself or someone else.
3. There is evidence or reasonable suspicion of abuse of a minor, an elderly person (65 or older), or a dependent adult.
4. A subpoena or other court order is received directing disclosure of information.

It is our policy to assert either (a) privileged communication in the event of #4 or (b) the right to emergency, before mandated disclosure in the event of #2 or #3. Although we cannot guarantee it, we will endeavor to apprise clients of all mandated disclosures.

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It is agreed that the client shall make a good faith effort at personal growth and engage in the consultation process as an important priority at this time in his or her life. Client gain is most important in the consultations. Suspension, termination, or referral shall be discussed between facilitator and client for a pattern of behavior that reveals disinterest or lack of commitment to the consultation or for any unsolved conflict or problem issues will be addressed in both the consultation sessions and in client homework, with future revisions possible as need arises.

We the undersigned client and facilitator, have read, discussed together, fully understands this agreement and the stated policies. We agree to honor these policies, including he commitment to negotiate and mediate as stated above, and will respect one another's views and differences in the outworking. We have also agreed to initial definition of the consultation work and to the fee to be paid by the client.

Client signature _____ Date _____

Facilitator signature _____ Date _____