

Relationship Consultation Services

Consent form

I/we are consenting to receive consultation services from Deborah Scimeca Diaz, LLC for my/our relationship.

Consultation services are not therapy and are not reimbursable from insurance companies. Consequently, there will be no medical record kept on file. _____

Initial Here

By Signing this form, I/we agreed to the following:

1. A fee of \$375 for a 55 minute initial appointment
\$350 for each additional 50 minute appointment
2. I/we will make payments via Zelle (or cash) at the time of appointment and balances will not be carried over to the next appt.
3. I/we will keep all scheduled appointment and agree to the following cancellation policy:
48-hour notice is required for cancellation of a scheduled appointment, unless you are scheduled for an appointment on Monday, all cancellations for Monday appointments must be made the Friday before by 12pm. If I do not meet this requirement, I agree to pay the full session fee. I understand that this is solely my responsibility to abide by the cancellation policy.
4. I agree to give Debi a minimum of two weeks notice if I decide to discontinue services.
5. I have the right to terminate this agreement at any time.
6. I have been informed that Debi will maintain my/our privacy and not disclose information about us to others without our direct permission.
7. To ask my consultant any questions I may have about this agreement and make a good faith effort to read the book: Hold Me Tight® Seven Conversations for a lifetime of love.
8. This agreement was entered into in the State of New Jersey.
9. If a dispute arises from or relates to this contract or the breach thereof, and if the dispute cannot be settled through direct discussions, the parties agree to endeavor first to settle the dispute by mediation administered by the American Arbitration Association under its Commercial Mediation Procedures before resorting to arbitration. The parties further agree that any unresolved controversy or claim arising out of or relating to this contract, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules. The place of arbitration shall be New Jersey. The arbitration shall be governed by the laws of the State of New Jersey.

Full Name of Participant: _____

Signature of Participant: _____

Date: _____

Full Name of Participant: _____

Signature of Participant: _____

Date: _____

Full Name of Consultant: _____

Signature of Consultant: _____

Date: _____

Relationship Consultation Services are based on the Book: Hold Me Tight® by Dr Sue Johnson