

# 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 \$400 for 50 minute initial appointment  
\$375 for each additional 50 minute appointments
2. I/we will make payments via Zelle at the time of appointment and balances will not be carried over to the next appt. Zelle business email is [DSDiaz@CouplesTherapyNJ.com](mailto:DSDiaz@CouplesTherapyNJ.com) or cell 609-915-9387
3. I/we understand we will be given a set day and time to meet weekly. I/we will provide 48 hr notice (excluding Saturday and Sunday) if we need to cancel our appt. to avoid being charged. If I/we do not meet this requirement, I/we agree to pay the full appt fee. Furthermore, I/we agree to attend a minimum of 3 appts/month. If we miss more than 1 appt/month we understand we will be charged for any additional missed appointments regardless of the notice provided. It is our responsibility to follow this policy. We are willingly engaging in services and are committed to the process.
4. I/we have the right to terminate this agreement at any time by providing 2 weeks notice if I/we decide to discontinue services. I/we will be responsible for the final 2 payments.
5. I/we have been informed that Debi will maintain my/our privacy and not disclose information about us to others without our direct permission.
6. This agreement was entered into in the State of New Jersey. If a dispute arises from or relates to this agreement and we can't resolve that through direct discussions, we will first try mediation and if we still can't reach a resolution, we agree to resolve any remaining dispute 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: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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*