

# 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 \$350 for 1 hour initial appointment  
\$300 for each additional 55 minute appointments
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/we agree to give Debi a minimum of two weeks notice if I decide to discontinue services.
5. I/we have the right to terminate this agreement at any time.
6. I/we 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/we 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 agreement and I/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: \_\_\_\_\_

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*