

# **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. I/we agree to pay the fee of \$400 for each session. Each session is 50 minutes.
2. I/we agree to submit payment for all online/Zoom sessions via Apple Pay (609-915-9387) or Zelle (DSDiaz@CouplesTherapyNJ.com or 609-915-9387). Payment for in-person sessions is cash only. All payments are due at the time of the appointment, and balances will not be carried over to future sessions.
3. I/we agree to attend our weekly scheduled appointment, understanding that sessions will occur on a consistent day and time. If we need to cancel, we understand that at least 48 hours' notice is required—excluding weekends (Saturday and Sunday)—to avoid being charged the session fee. If proper notice is not provided, we will be responsible for the full session fee. We also understand that missing more than one session in a month will result in charges for additional missed sessions, regardless of notice. We acknowledge that it is our responsibility to follow the cancellation policy. I/we are choosing to participate in therapy 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*