

Client Agreement

I am delighted that you, _____ (“you” or the “Client”) have chosen to receive Intimacy and relationship coaching services from me, Marcelienne Rose Hainsworth (“I,” “me” or the “Practitioner”). This Client Agreement (the “Agreement”), will describe the relationship between you and me with respect to the services that I will be providing to you.

Intimacy and Relationship Coaching

Somatic (body-based) coaching differs from other therapy in that it emphasizes your connection to your body. It also emphasizes the importance of experiences (as opposed to thoughts) as the central vehicle towards deeper freedom and choice. During our work together, there will be times when I invite you to experiment with yourself, your partner (if you are coming in as a couple) and with me around emotions, touch, intimacy, and connection. All of these experiments are in service of you having a deeper understanding of your own internal process. Touch is only used with your permission and you have the right to stop or change AT ANY TIME, for any reason, any touch or experience in which we are engaging. I will respond to your request respectfully and without question.

While the focus of our work together is the improvement of your intimate and relational lives, there may be other areas of your life (i.e. work, school, family history, etc.), which inform your intimate and relational well-being so we may need to discuss these and other realms in order to help you move through relationship and intimacy blocks. I am NOT a licensed psychotherapist and am not required to be licensed in order to practice Intimacy coaching in San Francisco.

The Practitioner and the Client hereby agree as follows:

1. **Fees**

Sessions are 1-hour long and the fee for each session is \$100, or \$240 for 3 number of 1-hour sessions. Longer sessions, as agreed-upon by mutual consent, may be arranged on a pro-rated basis. Fees are periodically adjusted. You will be informed in advance of any fee increases. If for any reason you are unable to continue paying for services, please let me know in advance and I will help you consider options that may be available to you.

2. **Payment Policies**

Payment is due at booking. I accept credit cards and PayPal. Any invalid credit card charges will incur additional bank and/or processing fees. I am not part of any in-network insurance panels and you should not expect any of the services to be covered or reimbursed by insurance or through a flexible spending account. You assume full responsibility for and agree to pay all costs, charges, and expenses for services rendered under this Agreement.

3. **Cancellation and Late Appointments**

In order to cancel or reschedule an appointment, please notify me at least **24** hours in advance of your appointment in order to reschedule. You understand that sessions that begin late due to delays on your part cannot be extended or rescheduled. Sessions will be canceled if you are more than 15 minutes late to the scheduled session.

As a courtesy, I will attempt to provide 24 hours’ notice to clients if I need to cancel a session. If I need to cancel, I will offer to reschedule with you.

4. **My Availability: Emergencies**

Telephone and email contact in-between sessions for scheduling purposes is welcome. If you want to call or email about a coaching issue, I will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions unless you have agreed on email, phone or Zoom sessions. I may need to communicate with you by telephone, email, mail or other means. Please be sure to indicate your preferences and let me know if you have any restrictions.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

5. **Professionalism and Confidentiality**

The relationship between you and me is a professional relationship which means that all interactions will stay within the boundaries of the method and the boundaries of pre-scheduled session times.

I know intimacy can be a very personal topic and I want to assure you that your identity as a client and all you say in sessions is confidential. Aside from financial records, any notes I keep about you for our records will not have your name or identifying information associated with them.

6. **Health: Consent to Treatment**

By signing below, you voluntarily consent to coaching, treatment or evaluation performed by me. This consent for treatment is valid for all services that are provided from the date that you sign this Agreement until services are terminated. You understand that you can revoke this consent for treatment at any time in writing (an email can serve this purpose) to me.

You represent that you are physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent you from receiving the services or that would risk your health or well-being while receiving the services. You agree to notify me of any changes in mental or physical health or life circumstances that may affect your treatment.

7. **Assumption of Risk: Limitation of Liability**

You certify that you voluntarily agree to receive these services. You understand and acknowledge that Intimacy and relationship coaching by their very nature, carry with them certain inherent risks that cannot be eliminated. You understand and acknowledge that, regardless of the care taken by Practitioner, I/ Practitioner cannot guarantee your safety, health or well-being, or any specific results. You expressly assume and accept sole responsibility for your health and safety and for any and all injuries that may occur. You understand that you must inform Practitioner of any medical conditions, medications or other factors that may affect your ability to safely receive the services.

You agree that to the fullest extent permitted by law, Practitioner shall not be liable to you for any injury, harm, loss or damage that you may suffer as a result of your receiving the services or of any activity contemplated by this Agreement. You hereby agree to waive any claim against Practitioner for any injury, harm, loss or damage that you may suffer as a result of your receiving the services or of any activity contemplated by this Agreement.

8. **Treatment Refusal/Termination**

You acknowledge that at any time you can suspend or refuse to implement any and all recommendations or instructions made by me. You agree to take responsibility for and keep all of your own physical and emotional boundaries within sessions and immediately inform me if anything is happening in the session that makes you feel uncomfortable.

The ongoing commitment to the relationship between you and me will always be treated with utmost importance and I will make every effort to maintain a mutually healthy working relationship and ask you to do the same. That being said, either your or I are free to terminate this agreement at any time for any reason. If you would like to continue coaching or start some form of therapy, I will make every effort to assist with transitioning to a different service Practitioner if a client is discharged from services. No services shall be started or ended without written notification.

9. **Acknowledgement**

You acknowledge that you have carefully read this Agreement and understand that includes a complete and absolute release of liability. You agree that you have knowingly agreed to receive the services and that you have been given an opportunity to ask questions regarding the Agreement and the services.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties have executed this Agreement, and this Agreement will be effective, as of the last date set forth below.

Practitioner:

Signature: _____

Name: Marcelienne (Marcy Rose) Hainsworth

Date:_____

Client:

Signature:_____

Name:_____

Date:_____