



SACRED HEART

NAVIGATIONS

Agreement & Informed Consent Form

Nature and Scope of Services

This Agreement is entered into between Lori A. Fox (“Practitioner”) and the Client.

The Practitioner provides holistic psychological and spiritual counseling services that are non-clinical and nonmedical in nature. These services are intended to support personal insight, connection, spiritual exploration, and meaning making in a reflective, grounded setting.

The Practitioner is also in the process of completing graduate-level academic training in Marriage and Family Therapy, which informs her understanding of psychological frameworks, relational dynamics, and human development. The Practitioner may intentionally forego the pursuit of licensure following graduation; therefore, if you are seeking diagnosis or clinical treatment, those services cannot be provided unless and until state licensure is obtained.

Confidentiality and Its Limits

A “no-secrets” approach may be maintained in certain relational or joint sessions, meaning information shared individually that directly impacts the work (such as affairs) may be brought into the shared space to support transparency and integrity in the process.

Your privacy is respected and honored as a matter of ethics and integrity. Information shared during sessions will not be disclosed to third parties without your written consent except in the following circumstances, where disclosure may be required by law or necessary to protect safety:

Harm to Self:

If you express a credible threat of harm to yourself, including suicidal ideation with intent or plan, reasonable steps may be taken to protect your safety. This may include contacting emergency services or appropriate authorities.

Harm to Others:

If you express a credible threat of serious harm toward another person, reasonable steps may be taken to warn appropriate parties or notify authorities, as permitted or required by law.

Abuse or Neglect:

If information is disclosed that suggests current abuse or neglect of a child, vulnerable adult, or elder, a report may be made to the appropriate authority in accordance with applicable laws.

NOTE: If disclosure is required by a valid court order or other lawful process, information may be released as required. While every effort is made to respect confidentiality, absolute confidentiality cannot be guaranteed in situations involving safety or legal obligations.

Nature of the Psycho-Spiritual Process

Holistic/psycho-spiritual counseling is a collaborative and reflective process that includes conversation, inquiry, values clarification, and relational awareness. Sessions may explore life transitions, relationships, grief, the integration of experiences, and the maturing of discernment.

Participation in this work may bring up strong emotions, insights, or changes in perspective. No specific outcomes are guaranteed, and this process can at times become difficult/uncomfortable.

Client Responsibilities

You understand that:

- Participation in holistic/psycho-spiritual counseling is voluntary.
- You are responsible for your own choices, actions, and decisions.
- Growth and change require active participation.
- Either you or the Practitioner may pause or end services at any time for any reason.

You agree to seek appropriate licensed clinical or medical care if your needs exceed the scope of holistic/psycho-spiritual support. In such cases, referrals are available to existing clients only.

Sessions, Scheduling, and Fees

A signed agreement and payment are required prior to sessions.

- Cancellations: Appointments canceled with less than 24 hours' notice or missed appointments will be charged the full session fee.

- Late Arrivals: Sessions may be shortened if you arrive late; full fees still apply.
- Communication & Additional Services: Email, text, and phone communication are intended primarily for scheduling and other non-session-related matters and should not be used to share sensitive or clinical information, as these methods are not fully secure. Time spent on email correspondence, coordination with other professionals (with your permission), or the preparation of records—including related processing notes in lieu of traditional session notes—may be billed separately, depending on the nature of the request.

Sessions are non-transferable.

Electronic Communication, Social Media, and Public Settings

As mentioned, email and text communication are not fully secure. Please do not use electronic communication for emergencies or sensitive matters. In addition, the Practitioner will refrain from acknowledging you in person should you be seen in a public setting to ensure your privacy.

If you choose to engage with the Practitioner in a public setting, on social media platforms, or if you provide a testimonial and/or review regarding services rendered through Sacred Heart Navigations, you do so voluntarily with the understanding that confidentiality is not guaranteed.

Emergencies

Services offered through Sacred Heart Navigations are not appropriate for emergencies. If you or someone you know are in immediate danger or experiencing a crisis, please contact:

- Emergencies: 911
- Suicide & Crisis Lifeline: 988

Statement of Education, Scope, and Practice

Upon graduation, the Practitioner will have completed the same academic and clinical training required of those seeking licensure. While the Practitioner may or may not choose to hold the legal title of “therapist,” offer formal clinical diagnosis, or collect insurance—choices that will be made and embraced in time—the work shall remain rooted in ethical responsibility.

In addition, the Practitioner is committed to continued education and reflective practice as part of a dedication to personal and professional integrity, as well as the well-being of those served.

Client Acknowledgment and Informed Consent

By signing below, you acknowledge that:

- You understand the non-clinical nature of the services offered by the Practitioner through Sacred Heart Navigations and that the Practitioner is currently a non-licensed provider.
- You understand the limits of confidentiality, including situations involving harm to self or others.
- You voluntarily give informed consent to receive holistic/psycho-spiritual counseling services from the Practitioner through Sacred Heart Navigations.
- You agree to all policies and procedures outlined in this agreement form.

I have read and understand the information outlined in this Agreement and Informed Consent Form, have had the opportunity to ask questions, and understand the nature, scope, and limits of the services provided by the Practitioner through Sacred Heart Navigations, LLC.

I hereby give my full informed consent to work with the Practitioner in this capacity.

To Confirm, Please Write “I Agree”: _____

Printed Name: _____

Signature: _____

Date: _____

Preferred Contact Number: _____