



P.L. Hill Consulting Services Agreement

This Agreement is made between **P.L. Hill Consulting** and _____ (“Client”).

1. Services Provided

Consultant will provide personalized consulting services as agreed upon by both parties.

2. Privacy & Confidentiality

All information shared during sessions is strictly confidential and will not be disclosed to any third party without the Client’s written consent, except as required by law.

3. Exceptions to Confidentiality

Consultant is legally required to report information if the Client poses a threat of harm to themselves or others, or as otherwise mandated by law.

4. Fees & Payment

- The fee for consulting services is \$_____ per session/hour.
- Payment is due **before** services are rendered and must be made at check-in.

5. Cancellation Policy

- Cancellations require at least 24 hours’ notice.
- Late cancellations or missed appointments will incur a **\$25** fee.

6. Nature of Services

Consultant’s services are designed to provide guidance, support, and personal development. **These services are not a substitute for therapy, mental health counseling, or medical advice.** If you require mental health support, please contact a licensed mental health professional.

7. Termination

Either party may terminate this agreement at any time with written notice. Fees for services rendered up to the date of termination are due and payable.

8. Agreement

By signing below, both parties acknowledge and agree to the terms outlined above.

Consultant Signature: _____ Date: _____

Client Signature: _____ Date: _____