



**Client Data Counseling & Spiritual Wellness Terms of Agreement**

Please complete this agreement, review the terms, sign and return to [pamela@savingvictims.com](mailto:pamela@savingvictims.com)

**Client Data**

**Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_ / \_\_\_\_\_

**Spiritual Wellness Counseling Terms:**

**Fees:** \$900 for four sessions – suggested 1 session per week.

**Duration of session:** Forty-five (45) minutes per session

**Session Day/Time:** Setup Online and confirmed the same

**Procedures:**

- I will contact you for our sessions.
- If I cannot reach you, I will attempt to contact you a second time after 5 minutes.
- After the third attempt, If I am unsuccessful, your session will be terminated and you will be billed for said session.

If you are delayed, please inform Pamela 15 minutes before session is to begin. Quiet yourself, at least, five minutes before your session.

**I understand that Pamela C. Chapman is a Certified Spiritual-Wellness Coach, Family Violence Specialist/Counselor, a Drug and Alcohol Awareness Specialist and I am responsible for all my decisions, actions and feelings. I understand she will use two spiritual modules as well as intuitive guidance to assist me in my moving toward my personal healing.**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date