

AMORY WELLNESS & CONSULTING, LLC

115 NE 7th Ave, Suite #102, Gainesville, FL 32601

Client Agreement for Sex & Relationship Coaching Services

I am delighted that you, _____ (“you” or the “Client”) have chosen to receive sex and relationship coaching services from me, Cathariya Ferris/Amory Wellness & Consulting, LLC (“I,” “me” or the “Practitioner” or “Coach”). 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.

Sex 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 sexual and relational lives, there may be other areas of your life (i.e., work, school, family history, etc.), which inform your sexual 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. In the capacity of Sex & Relationship Coach, I am NOT working as a licensed psychotherapist and am not required to be licensed in order to practice Sex & Relationship Coaching in the State of Florida.

Psychotherapy vs. Coaching

While there are some similarities between coaching and psychotherapy, psychotherapy is a health care service and is often reimbursable through health insurance policies. This is not true for coaching. Although both coaching and psychotherapy use knowledge of human behavior, motivation and behavioral change, and interactive counseling techniques, the focus of coaching is the development and implementation of strategies that help people reach their identified goals of enhanced performance and personal satisfaction. This agreement is for coaching. I will be both direct and challenging and stay within the scope of my training.

Practitioner and the Client hereby agree as follows:

1. Fees

I am in the process of furthering my training as a Certified Somatica Practitioner. Because of this my fees are lower and subject to quarterly review. Upon execution of this contract, the current fee schedule is as follows:

60 Minute Sessions for Individuals are \$ 115.00.

90 Minute Sessions for Couples are \$ 185.00.

Outcall Visits are subject to a rate of \$1 per mile roundtrip, subject to a \$25.00 minimum. Mileage rates will be calculated based on the distance between the Practitioner's office and Client's location.

Shorter or longer sessions, as agreed upon by mutual consent, may be arranged on a prorated basis. Fees for other professional services (such as treatment coordination and/or consultation with other Practitioners or individuals, telephone contact in excess of 15 minutes and telephone, Skype or email counseling) are prorated based on the usual session fee. Fees for existing clients may be adjusted at the beginning of each calendar year. 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 upon scheduling of each session. I accept cash, checks, credit cards, or PayPal. Any bounced checks 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. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice, regardless of the reason for canceling or rescheduling. Practitioner coaches are not required to make up any missed sessions due to a client's cancellation.

You understand that sessions that begin late due to delays on your part cannot be extended or rescheduled. Sessions will be cancelled 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 a coach needs to cancel a session. If I need to cancel, every attempt will be made to provide a make-up session time. You will not be billed for a session cancelled by me.

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 Skype 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. You may leave a message for your practitioner at any time through text or confidential voicemail at 352-284-1850 or email: cat@amorywellness.com. Your practitioner will generally return phone calls within 24 hours during normal business hours.

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 sexuality 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. If I am working with you as a couple, and seeing you in individual sessions, I WILL NOT share any information with your partner that you tell me in your individual sessions. I believe it is your job to negotiate your relationship and I want to make sure that each individual has a place for full disclosure. This can help each person clarify what they are doing and how it may impact their relationship and make decisions with which each of you are in alignment.

6. Informed Consent & the Use of Touch

Somatic or body-oriented treatment recognizes the inherent unity of our human nature and our biological organization. Through the integration of our body sensations and movements with our cognitive and emotional processes, somatic psychotherapy promotes wholeness, increased interpersonal functioning, and the resolution of therapeutic concerns. Somatic interventions include the study of and interaction between our physical sensations, postures, gestures, thoughts, feelings, and language; self-management through modification of our movements and postures; and the use of touch.

The use of touch is not appropriate or desirable for all clients. Furthermore, each person has his/her individual comfort level with different types of touch. You have the right to refuse, modify, or stop any touch at any time, for any reason. If touch is used during session, I will continuously monitor verbal and non-verbal communication regarding consent for touch to ensure your comfort with interventions and the genuineness of your consent. Please notify me if you have any questions, concerns, or if you decide to avoid or limit, in any way, the use of touch in your therapy.

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 sex 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.

You understand that if you were referred to Practitioner by Somatica®, LLC, Practitioner is an independent contractor that has no ongoing professional relationship with Somatica®, LLC, and Somatica®, LLC takes no responsibility for the practices or methods of Practitioner. You agree that to the fullest extent permitted by law, Somatica®, LLC and Practitioner: Cathariya Ferris/Amory Wellness & Consulting, LLC 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 Somatica®, LLC and Practitioner: Cathariya Ferris/Amory Wellness & Consulting, LLC 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. Indemnification

You agree to hold harmless and indemnify Somatica®, LLC, Practitioner: Cathariya Ferris/Amory Wellness & Consulting, LLC and Somatica®, LLC's employees and independent contractors from all claims (whether initiated by you or by a third party) and to reimburse them for any expenses incurred as a result of your involvement with Practitioner or receipt of the services.

9. 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 asks 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.

10. 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.

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

Practitioner: Cathariya Ferris/Amory Wellness & Consulting, LLC

PRACTITIONER SIGNATURE: _____

Date: _____

CLIENT NAME: _____

CLIENT SIGNATURE: _____

Date: _____

CLIENT NAME: _____

CLIENT SIGNATURE _____

Date: _____