**Financial Clarity Counseling Agreement**

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

**Services**

The objective of Financial Clarity Counseling is to help you gain insight into your relationship with money, learn day-to-day money management skills, and develop healthy financial habits that will support your achieving your financial goals. Our relationship is not one in which I provide financial, legal or investment advice, or unless agreed to separately, mental health counseling services.

Counseling sessions are typically sixty minutes in length, but longer appointments can be scheduled if needed. Appointments may be scheduled by phone or in person, per our prior agreement. Unless agreed otherwise, I will call you at the number you provide at our scheduled appointment time. To make the most of your sessions, please be on time. You will be billed for the full scheduled session even if you are late.

In addition to our scheduled sessions, I am available for quick e-mail, text and phone check-ins between sessions at no additional cost.

**Rescheduling**

Your appointment time is reserved expressly for you. If you need to reschedule your appointment, please give me at least one business day’s notice, so your time slot can be made available to another. Cancellations for scheduled appointments must be received 24 “business” hours in advance, during regular business hours (Mon-Fri, 8:00am to 6:00pm). Missed or late cancelled appointments will be charged the full appointment fee.

**Term**

Our initial commitment is for \_\_\_\_\_ financial clarity counseling sessions, which can be extended by mutual agreement. Either party is free to terminate the counseling relationship at any time.

**Fees**

Your Financial Clarity Counseling sessions will be billed at my hourly rate of $110/hr, unless agreed upon otherwise in advance and in writing. Payment for phone sessions is expected at least one business day before each session. In-person sessions may be paid for at the time of your appointment. For your convenience, you may pay using a debit or credit card, check or cash. If you purchase a package of 10 sessions at my standard hourly rate, you will receive 1 additional session at no charge.

**Confidentiality**

I will respect the confidentiality of your information at all times except as required by law.

**Supervision**

Like many counseling and life coaching professionals, I am a member of a professional supervision group. This insures that my clients receive the best possible service. All case studies presented to the supervision group for feedback are anonymous.

**Do I have your permission to present your circumstances as an anonymous case study for supervision? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**My Guarantee**

Financial Recovery Counseling is a collaborative relationship. If, during our work together, you have any concerns please bring them up so that we can discuss them. If you choose to discontinue financial clarity counseling for any reason, I will refund any unused portion of your payment.

**Client’s Responsibility**

As the client, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name) accept full responsibility for the actions I take. As such, I do not hold you liable for the consequences of my actions or inactions. Any decisions I make or actions I take, based on input or advice from you are my complete responsibility and I indemnify and hold you harmless from all liability which may arise from the consequences of said actions and decisions.

In signing this agreement, we both recognize that I, Cynthia Seager, am not a financial planner and do not provide financial, legal or investment advice. Unless agreed upon separately and in writing, I do not provide mental health counseling.

**Signatures**

I look forward to our working together in helping you achieve your goals. After reviewing my policies and procedures above,please sign this agreement**. If we’re meeting by phone,** please return this to me in advance of our session via email, fax, or mail it back to me at: 16054 32nd Ave NE, Lake Forest Park, WA 98155. When I receive your signed agreement, I will sign it and return a copy to you. **If our session is in person**, you may bring this completed agreement with you then.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_