

Spiritual Guide Agreement

Name:

Initial Term of Contract:

Fee/Month:

Number of sessions per month:

Duration of Session:

Referred By:

Ground Rules:

1. Client calls or meets with the Spiritual Guide at the scheduled time.
2. Client pays coaching fees in advance.

Terms of Agreement:

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to cancel this agreement at any time upon 30 days of written notice. All paid fees are non-refundable.
2. I understand that “spiritual guidance” is a relationship that I have with my Spiritual Guide that is designed to facilitate the creation/development of personal or professional goals and to develop and carry out actionable strategies/plans.
3. I understand that spiritual guidance is a comprehensive process that may involve all areas of my life, including spirituality, work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues and implementing my choices is exclusively my responsibility.
4. I understand that spiritual guidance does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that spiritual guidance is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, I have consulted with the mental health care provider regarding the advisability of working with a Spiritual Guide and that this person is aware of my decision to proceed with a Spiritual Guide relationship,
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law.
7. I understand that certain topics may be anonymously and hypothetically shared with other professionals for training or consultation purposes.
8. I understand that spiritual guidance is not to be used as a substitute for professional advice by legal, medial, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

I have read and agree to the above:

Client Signature

Date

(Please return to: Peter Ilgenfritz, PO Box 45136 Seattle, WA. 98145)