

SpiritBecoming ☼
Spiritual Coaching
In-Person/Telehealth

Name _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

Spiritual Membership/Affiliation _____

Confidentiality

I value your privacy and will honor that privacy by keeping our sessions confidential. The exception to that confidentiality would be if you expressed that you had (or intend to) hurt yourself or someone else, especially an elder, a child, or person who depends on you or others for care. I follow mandated reporting guidelines that would require me to share that information with human services. Also, an exception to confidentiality would be if I receive a subpoena issued from a judge or court.

Cancellation/Payment Policy

Sessions are 50-60 minutes for \$125. We both commit to begin and end our sessions at the agreed-to time. To cancel or change your appointment, contact me at least 24 hours in advance. If you do not give me 24-hour notice, I will need to ask you to pay for the appointment time. All payment(s)/fees are to be completed before the start of the session.

Consent Agreement

Spiritual Coaching uses spiritual tools and knowledge to understand challenges and to gain insight to reaching desired goals. Spiritual Coaching is not a substitute for psychological therapy or mental health counseling. It is recommended that the counselee see a licensed health care professional for any psychological concern they may be experiencing.

Energy Therapy and Meditation involves natural methods for health and wellness such as relaxation and stress reduction. They are not a substitute for medical or psychological diagnosis and treatment. There are no diagnosed conditions, nor prescribed substances given. Therefore, it is recommended to see a licensed health care professional for any physical or psychological ailment(s) of concern.

As part of my professional practice I sometimes consult with other professionals through peer supervision. Your identity will never be revealed during this time. If you have any questions or concerns about this practice of supervision, please let me know and I will be happy to talk about it with you.

By signing this form, you acknowledge an understanding of everything presented in this document and agree to the spiritual services with me under the terms listed in the document.

Signed: _____ Date: _____

Dr. LaTonya Zibi
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