



New Client Agreement Form

Welcome. Please read and sign this document. Let me know if you have any questions.

I understand that Fraeda Scholz is not a licensed counselor, psychologist, or other health-care professional. I understand Fraeda does not diagnose, treat, cure, or prevent any physical or mental condition. I understand that I am responsible for my own thoughts, feelings, decisions and actions inside and outside of my sessions.

I understand Fraeda Scholz is a Certified Life Coach, has attained the Advanced Certificate of Completion for Emotional Freedom Techniques™ (EFT), as well as the Advanced PSYCH-K® Course Certificate. I understand that Fraeda will use these techniques to teach me and facilitate me in improving my spiritual, mental, emotional and physical health. I understand this is not a substitute for effective standard medical treatment or mental health counseling. I realize it is my responsibility to continue ongoing medical treatment and therapies until otherwise advised by my primary physician.

I understand Fraeda Scholz will hold my identity and any information about me including anything said in my sessions in the strictest confidence, except when released by me in writing or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time.

Fees: I agree to pay for my sessions *at least* 24 hours ahead of time unless my session is in person and I can pay at the time of the session. If I am purchasing a series of sessions I agree to pay at least 24 hours before the beginning of the first session.

I agree to notify Fraeda *at least* 24 hours ahead of time to cancel or reschedule a session unless there is a true emergency. If I do not call to reschedule or cancel a session *at least* 24 hours ahead of time I agree to being charged the price of the session.

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about the services offered by Fraeda. I understand that I may discontinue the services, or any portion of the services at any time.

I am ready and willing to heal, grow and change and to show up fully to each session. I agree to be accepting, honest and honoring towards myself in this process.

Client Name: _____ Date: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Client Signature _____