Client Agreement

I am delighted that you, _____ ("you" or the "Client") have chosen to receive intimacy (sex and relationship) coaching services from me, Denise Cuthbertson/Orchid Intimacy Coaching ("I," "me" or the "Practitioner"). 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.

Intimacy Coaching

Intimacy coaching differs from psychotherapy or counselling (as well as some other types of coaching) in that it is an embodied and interpersonal process, also referred to as "a relationship lab". I will use somatic (body based) exercises as well as other coaching tools (some which may seem similar to talk therapy) to create an experiential and relational practice. This approach emphasizes the importance of experiences (as opposed to thoughts) in processing our feelings, gaining a deeper understanding of ourselves, and developing the capacity for greater intimacy and connection in relationships. All exercises and tools will be explained to you beforehand (including whether or not touch may be involved). I will NOT proceed without your consent. I take great care to provide a safe space where the boundaries of both client and practitioner are upheld. You also have the right to stop or change (at any time for any reason) any experience in which you and I are engaging.

While the focus of our work together is the improvement of your relational and sexual lives, there may be other areas of your life (i.e. work, school, family history, etc.), which inform your relational and sexual well-being so we may need to discuss these and other realms in order to help you move through relationship and intimacy blocks. I am NOT a licensed psychotherapist and am not required to be licensed in order to practice intimacy coaching in Ontario, Canada.

The Practitioner and the Client hereby agree as follows:

1. Fees

Individual sessions are 1 hour long and the fee for each session is $200 + HST. I also offer packages (with a lower fee per session) and on occasion, promotional rates. To take advantage of these offers, you must prepay/pay at booking. I also offer couples sessions for $250 + HST for one hour. Longer sessions, as agreed upon by mutual consent, may be arranged on a pro-rated basis. Fees are periodically adjusted at the beginning of a new 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 immediately after each session (unless prepayment required). I accept cash, certified cheque and e-transfer. At this time, I am not able to accept debit or credit card.
You assume full responsibility for and agree to pay all costs, charges, and expenses for services rendered under this Agreement. Professional coaching does not constitute medical consultation or treatment, and thus health insurance likely does not apply. Coaching fees may be considered fringe health benefits under some insurance policies. Please check with your provider for additional details.

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 in order to reschedule. You understand that sessions that begin late due to delays on your part cannot be extended or rescheduled. Sessions will be canceled if you are more than 15 minutes late to the scheduled session. You will incur a fee of 50% of the session cost for late cancellation, being late (more than 15 minutes) or missed appointments.

As a courtesy, I will attempt to provide 24 hours' notice to clients if I need to cancel a session. If I need to cancel, I will offer to reschedule with you.

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 Zoom 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.

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 agreed upon boundaries and during pre-scheduled session times.

All information that you provide me with will be kept strictly confidential, unless you provide consent for me to consult with other practitioners as indicated. The only exception to this will be circumstances where I am required by law to disclose your information. While coaches are not explicitly defined as mandatory reporters at this time, I have a responsibility to report suspected child abuse and neglect under Canadian child welfare laws.

6. Health; Consent to Treatment

By signing below, you voluntarily consent to coaching performed by me. This consent for coaching 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 coaching 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.

7. Assumption of Risk; Limitation of Liability

You certify that you voluntarily agree to receive these services. You understand and acknowledge that intimacy coaching by its very nature, carries certain inherent risks that cannot be eliminated. You understand and acknowledge that, regardless of the care taken by the Practitioner, that the 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 the 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, the 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 the 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.

8. 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 ask you to do the same. That being said, either you or I are free to terminate this agreement at any time for any reason. If you would like to continue with some other form of coaching or start therapy, I will make every effort to assist with transitioning to a different service Practitioner. No services shall be started or ended without written notification.

9. Acknowledgement

You acknowledge that you have carefully read this Agreement and understand that this 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.

[Signature Page Follows]

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

Practitioner:

_____
Signature

Name: Denise Cuthbertson, Orchid Intimacy Coaching

Date:

Client:

_____
Signature

Name: _____

Date: