

## **Holistic Therapy / Talk Therapy Agreement**

This contract outlines the terms of the agreement between the client and the therapist for holistic and talk therapy services. By signing this agreement, the client acknowledges and agrees to the following terms:

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### **1. Client and Therapist Information:**

- **Therapist Name:** Margaret K-Jerczynska/ MKJ Inner Coaching
- **Therapist Contact Information:** [margaret@mkiinnercoaching.com](mailto:margaret@mkiinnercoaching.com) / 0872122761/ BallinaCo. Mayo
- **Client Name:**
- **Client Contact Information:** [Client's Email, Phone Number]

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### **2. Nature of Services:**

- The therapy provided is **holistic therapy** and/or **talk therapy**. These services integrate mind, body, and spirit techniques to support personal growth, emotional healing, and mental well-being.
- **Holistic therapy** may include practices such as mindfulness, relaxation techniques, guided meditation, Reiki, hypnotherapy, or other holistic healing methods.
- **Talk therapy** involves verbal counselling to explore thoughts, feelings, behaviours, and life challenges with the goal of personal development and emotional healing.



- The therapist does not provide medical advice or diagnosis, and these services should not be considered a substitute for medical or psychological care by a licensed professional.

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### **3. Confidentiality:**

- All sessions are confidential. Any personal information shared during the session will not be disclosed to third parties without the client's written consent.
- **Exceptions to confidentiality** include:
  - If the client discloses intent to harm themselves or others.
  - If there is a legal requirement to disclose (e.g., court orders, child protection laws).

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### **4. Session Structure:**

- **Session Duration:** Each session lasts approximately 75 minutes.
- **Session Frequency:** Sessions are typically held depending on the client's needs.
- Depending on client preference and availability, sessions can be conducted in person or online.

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### **5. Fees and Payment:**

- **Session/package Fee** in service descriptions
- **Payment Method:** Payments are due at the time of the session. Accepted forms of payment include credit card,

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### **6. Cancellation Policy:**



- Cancellations or rescheduling must be made at least 48 hours in advance.
- If a session is cancelled with less than 48 hours' notice or the client fails to attend, the full session fee may be charged unless due to an emergency.

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## **7. Client's Responsibilities:**

- The client agrees to attend sessions on time and to be actively involved in the process of therapy.
- The client understands that therapy is a collaborative process, and their commitment to engaging in the work is important for achieving desired outcomes.

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## **8. Emergency Contact:**

- Holistic therapy and talk therapy do not provide crisis services. If the client experiences an emergency or feels at immediate risk of harm, they should contact their local emergency services or go to the nearest hospital.
- The therapist can be contacted between sessions for urgent matters, but response times may vary.

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## **9. Termination of Therapy:**

- Either the client or the therapist can decide to terminate the therapy relationship at any time.
- Reasons for termination may include completion of therapy goals, mutual agreement, or if the therapist determines that they are no longer the best fit for the client's needs.
- In the event of termination, the therapist will provide referrals to other professionals if necessary.



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## 10. Limits of Holistic Therapy and Talk Therapy:

- The client understands that holistic therapy and talk therapy focus on emotional, spiritual, and mental well-being. The therapist does not diagnose medical or psychiatric conditions, prescribe medications, or provide psychological or psychiatric treatment.
- It is recommended that the client inform the therapist of any concurrent treatments (e.g., medical care, psychiatric care) to ensure holistic therapy complements other treatment methods.

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## 11. Informed Consent:

- The client has had the opportunity to ask questions regarding the nature of the therapy and understands the potential benefits and risks.
- The client understands that results may vary depending on their participation, lifestyle, and other factors.
- The client agrees to engage in therapy voluntarily and can withdraw from therapy at any time without penalty.

### Client Agreement:

I, ..... understand and agree to the terms outlined in this Holistic Therapy / Talk Therapy Agreement. I acknowledge receiving a copy of this agreement and giving my informed consent to begin therapy.

● **Client Signature:** \_\_\_\_\_

● **Date:** \_\_\_\_\_

● **Therapist Signature:** \_\_\_\_\_

● **Date:** \_\_\_\_\_

