



The Light Point Healing Center
Peggy A. McFarland, MS
P.O. Box 26, Hines, OR 97738
541-573-8000
www.thelightpoint.org

Client Counseling Agreement

The purpose of this agreement is to set forth the terms for services to be rendered by Peggy A. McFarland, dba *The Light Point Healing Center*. The client, _____, hereafter described as "THE CLIENT," must initial each area and then sign at the end of this form prior to the initiation of services.

_____ THE CLIENT understands that Peggy A McFarland holds an MS degree in Mental Health Counseling and is a registered counseling intern in the State of Oregon. By initialing the client acknowledges that he/she has read the Professional Disclosure Statement.

_____ THE CLIENT understands that he/she is the expert on making choices regarding his/her own well being. THE CLIENT understands that he/she is ultimately responsible for the goals and choices made for his/her life. THE CLIENT has the right to informed consent about any tool that will be used in a guided energy session prior to its use, and the right to refuse to participate in any therapeutic tool that does not feel comfortable to THE CLIENT.

_____ THE CLIENT may terminate this agreement at any time without penalty. If sessions have been prepaid, the client will receive a full refund for non-utilized sessions only.

_____ THE CLIENT understands that if Peggy A McFarland feels THE CLIENT is not benefiting from services, she may suggest other options for THE CLIENT, including a termination of services.

_____ Peggy A. McFarland, dba *The Light Point Healing Center*, warrants that all client disclosure obtained through phone conversations or electronic communication will be kept confidential and cannot be disclosed without THE CLIENT'S written consent. While every effort will be made to keep email communication confidential, THE CLIENT understands that due to the nature of electronically transmitted mail, there is a risk that the email could be viewed by hackers or others seeking to breach the security of transmissions. THE CLIENT may view counselor notes in possession of Peggy A McFarland upon request.

_____ Some clients may desire email support. Email support is available in between sessions for clients who pay for a 3 session package. THE CLIENT can expect a response to email communication within 24 and 48 hours. Peggy A McFarland will notify the client if email cannot be answered within that time frame.

_____ THE CLIENT understands that sessions are scheduled in a manner that is mutually agreeable to Peggy A McFarland and THE CLIENT.

_____ As part of energy healing protocols, Peggy A McFarland may suggest aromatherapy remedies using TRUessence essential oils; she does not advocate the use of any other brand of essential oils. Essential oil remedies are used at the sole discretion of THE CLIENT. Peggy A McFarland has trained under a board certified aromatherapist, but does not represent that she has any board certification in aromatherapy. Suggestions for the use of essential oils are intended for informational purposes only and have not been evaluated by the FDA, AMA, USDA, or any US government agency. The products and information provided are not a substitute for proper medical care and are not warranted to diagnose, treat, cure or prevent any disease. The CLIENT agrees to consult his/her physician before making any changes to his/her healthcare regimen, particularly if he/she is pregnant, nursing, or being treated for an existing healthcare condition.

_____ THE CLIENT acknowledges that the payment policies for counseling services are as follows:

In Person or Phone Session
Cost = \$100. for 60 minute session

In Person or Phone Session
Cost = \$130. for a 90 minute session

In Person or Phone Session Prepaid Package: (3) 60 minute sessions for \$275. (Save \$25.)
In Person or Phone Session Prepaid Package: (3) 90 minute sessions for \$340. (Save \$50.)

Payment is expected at the time of service unless payment arrangements have been made with the counselor. Packages must be paid in full in advance. Failure to pay for services can result in an interruption of services. Guided Phone Sessions can be paid online through *The Light Point Healing Center* website. At this time, we do not bill for insurance services. *The Light Point Healing Center* also has a sliding scale which can be made available upon request for clients who have special financial needs. A \$25 fee will be charged for checks returned with insufficient funds will be charged.

Cancellations/No Shows: Clients are asked to give 24 hours notice when cancelling appointments. Appointments cancelled within less than 24 hours notice will be deemed as a “no show” and may be subject to a \$25 “no show” fee at the discretion of the counselor.

I, _____ (Print Full Name) have read, understand, and agree to the conditions set forth in this Client Agreement.

Please sign Full Name

Date

Peggy A McFarland, MS

Date