

REBEKAH | FREEDOM

Treatment Agreement and Digital Consent Form

I understand that the content exchanged via email, over Skype, over Face Time or any other digital medium including phone will be held as confidential but confidentiality cannot be promised over these channels. I am a willing participant and consent to participating in the counseling process and everything that comes with it including but not limited to taking ownership of my life and my choices. I also agree to pay for all services rendered. I understand that threat of suicide or homicide will be reported to the proper authorities. I nor any constituents such as family, friends, or any other third parties will hold Rebekah McClaskey liable for my thoughts, feelings, or actions.

I will not hold Rebekah McClaskey liable for the achievement of desired results and I understand that *no refunds are permitted* once payments have been made. I understand it is up to me to schedule sessions and to determine my level of participation in my treatment plan.

Further I understand that Rebekah McClaskey is educated as a psychotherapist and operates under strict guidelines and ethical codes. I understand that the purpose of services rendered may prove to be therapeutic but are not intended as therapy; rather as coaching, mentorship or facilitation of personal goals. I consent to the methodology used during my sessions with Rebekah McClaskey.

I understand clairvoyant information is for entertainment or goal-enhancement purposes and I will not hold Rebekah McClaskey or Rebekah Freedom responsible for the information shared.

By signing this form or giving consent via email, I hereby agree to all terms expressed and implied and understand I can terminate service at any time for any reason. I will complete all paperwork necessary.

Please print out this form and keep a copy for your records as well as mail a copy with your signature on it to **P.O. Box 2745 Rancho Santa Fe, Ca 92067**. Address the letter to Rebekah Freedom.

Thank you for reaching out. I look forward to journeying with you towards health and healing.

Rebekah *Freedom* McClaskey MA

I hereby agree to all the terms specified and implied:

Signature: _____

Printed Name: _____

Mailing Address: _____

What is your primary goal for counseling? List your other primary care providers & prescriptions.

*Please review the hipa agreement on the website: rebekahfreedom.com