

# **Rejuvenate Center LLC Debra Manning RN, LAc Life Guide Agreement**

Client Name:

This Agreement, between Life Guide Debra Manning RN LAc, and the above-named client will begin on \_\_\_\_\_ and will continue for a minimum of one session additional sessions scheduled weekly or bi weekly for up to 8 sessions for specific set of circumstances that you would like to work on in your life. The length of each session is up to 90 minutes. The fee per session is \$125 whether in person or over the phone

The services to be provided by the Debra Manning RN, LAc to the client are life guidance sessions or tele-guidance sessions, as designed jointly with the client. Life guidance, which is not advice, medical therapy, or counseling, may address specific personal projects, business successes, or general conditions in the client's life or profession. Other life guidance services include value clarification, brainstorming, identifying plans of action, examining modes of operating in life, asking clarifying questions, and making empowering requests, Resonance Repatterning and Hypnotherapy

Debra Manning RN, LAc promises the client that all information provided to the coach will be kept strictly confidential, and stands behind the ICF code of ethics. A HIPPA release form will need to be filled out and a HIPPA Confidential Statement will be provided to the client.

Throughout the working relationship, Debra Manning RN, LAc will engage in direct and personal conversations. The client can count on Debra Manning RN, LAc to be honest and straightforward in asking questions and making requests. By signing below, the client understands that the power and workability of the life guidance relationship can only be granted by the client. If the client believes the life guidance is not working as desired, the client will communicate and take action to restore power to his/her life guidance relationship. The client agrees to be in a state of allowing of life guidance at all times.

The information provided by Debra Manning RN, LAc does not constitute legal or professional advice neither is it intended to be.

Any decisions you make, and the consequences thereof are your own. Under no circumstances can you hold Debra Manning RN, LAc liable for any actions that you take. You agree not to hold Debra Manning RN, LAc liable for any loss or cost incurred by you, or any person related or associated with you, as a result of materials or techniques, or life guidance, offered by Debra Manning RN, LAc.

This information is intended to be general information with respect to common life issues. Information is offered in good faith - you do not have to use the information.

You shall indemnify Debra Manning RN, LAc, in the event of any such claim, including but not limited to any claims made against Debra Manning RN, LAc, by any person related or associated with you. Nothing in the content materials shall be considered legal, financial, or actuarial advice.

#### PROPRIETARY MATERIALS AGREEMENT

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6. Except as expressly stated herein, you acknowledge that you have no right, title, or interest of any kind on any legal basis in or to the Materials.

Our signatures on this agreement indicate full understanding of and agreement with the information above.

|        |      |            |      |
|--------|------|------------|------|
| Client | Date | Life Guide | Date |
|--------|------|------------|------|

### Client Information

|  |   |
|--|---|
| Client Name  | Mailing Address                         |
| Cell Phone   | What phone number do you prefer I use?  |
| Home Phone   | When is your birthday?                  |
| Work Phone   | What religion (if any) do you practice? |
| Email Address  |   |
| What brought you to me/how did you find me?  |   |
| Please tell me briefly what type of 'self-work' (if any) you have done before now. |   |
| Please tell me briefly what you do to take care of yourself.                       |   |
| Please list your goals.  |   |
| Please tell me what drugs/medications you are taking/using.                        |   |

Please tell me briefly what is your level of happiness.

Please tell me briefly what is your level of anxiety.

Please tell me briefly what is your level of depression.

Please tell me briefly what is your level of ADD (Attention Deficit Disorder).

Please list any past accidents and significant events in your life.

Please tell me briefly how do you feel about yourself.

Please tell me briefly to what extent are your social needs being met and what activities do you partake in socially.

Please tell me briefly how authentic you are – in other words, do your thoughts of how you want things to be match what you are doing, having, being in your life?

Please tell me what you want to have that you don't have.

Please tell me who you want to be (more of the time) that you are not being.

Please tell me what you want to do (more of the time) that you are not doing.

What do you intend to accomplish by working with me?