



## **TERMS AND AGREEMENT**

### **GROUP/WORKSHOP/RETREAT SERVICES**

Dear New Client:

Welcome! Get ready for an exciting, fulfilling road of adventure!

Please carefully read through the terms and agreement regarding the services we provide. If you have any questions or need clarification, do not hesitate to let me know. My name is Dr. Demetria Springfield Banks. I am a professional, licensed Pastoral Counselor with training in individual, group, marriage, substance-abuse and addiction counseling. I am also a Licensed Temperament Therapist and a certified life coach.

The information provided during a group session(s) is only for informational, educational and edification purposes only. It is not a substitute for counseling, psychotherapy or mental health treatment. It should not be used in lieu of any professional, medical, legal or financial advice. For each of these areas you understand that you should consult with the appropriate professional. It is for informative, educational and edification purposes only.

I believe that many problems can be spiritual in nature, resulting from either not understanding biblical truth or from sinful behavior. I also believe that individuals are created in God's image and can only feel complete and fulfilled through relationship with God through His Son Jesus Christ. Thus the services I provide are very concerned with the spiritual as well as the emotional and physical needs of clients. My services begin and end with prayer, and include a combination of academic and biblical precepts and concepts. At no time will I force my beliefs upon those I serve.

### **GROUP SERVICES AGREEMENT**

1. **SCHEDULED TIME.** All group sessions will begin at the agreed upon time. If sessions start late due to no fault of Dr. Banks, then time missed may or may not be made up depending on other commitments of Dr. Banks. If group session begins late due to fault of Dr. Banks, Dr. Banks agrees to make-up missed time.
2. **SESSIONS.** Dr. Banks will provide sound academic and biblical precepts and concepts regarding agreed upon subject matter in order to enhance group member's knowledge

and understanding of material discussed in order to promote growth, discovery, healing, advancement and restoration in each participant's life.

**NUMBER OF SESSIONS:** Will be agreed upon by Dr. Banks and contracting party prior to entering agreement. This agreement will be for \_\_\_\_\_ group session(s).

3. **FEES:** Will be determined by nature of group, number of sessions length of sessions, nature of material requested. Amount will include cost of copied material provided, if client is unable to provide copies.

Please do not hesitate to contact us regarding your financial matter. We endeavor to turn no one away. Rate: \_\_\_\_\_ (amount) per hour.

4. **Confidentiality.** All communications are confidential except in cases where disclosure is mandated by law: child or elderly abuse; client is danger to himself/herself or to others; inability to care for one's basic needs; subpoena of records; or a client signs a consent releasing such information. This includes notifying police and a family member.
5. **REFUND/CANCELLATION POLICY.** In order to keep services affordable to all, refunds will not be given unless reason is beyond the control of those requesting services. At any rate, 50% of the agreed upon amount will be forfeited and due to Dr. Banks.
6. **FOLLOW-UP.** If needed, a follow up session can be scheduled at a discounted rate.
7. **RESCHEDULING.** Sometimes events arise beyond our control. In the event that group agreed upon group services needs to be rescheduled, then the down payment (%50) will not returned. However, other 50% will only be due the date of the rescheduled session.
8. **DISCLAIMER.** There is no guarantee that group participants will improve in any way using the concepts, ideas, or materials provided during the group session. Self-help and improvement potential is entirely dependent on the individual person. T
9. Permission will be granted to Dr. Banks to sale any of her related products at the conclusion of the group session.

## FORM OF PAYMENT

Major credit cards, debit cards, or Paypal via invoice. Also, money orders or cashier checks are accepted.

Please sign below and return this agreement prior to the first session or bring it with you. Your signature signifies your understanding and compliance to all terms of this agreement.

**Signature:** \_\_\_\_\_ (client) **Date** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Dr. Demetria Banks, Founder/Board President