

JOAN KAYLOR, MEd, LPC, NCC
Licensed Professional Counselor
Diplomate in Comprehensive Energy Psychology DCEP. & EFT-ADV Practitioner

Thank you for contacting me regarding my consulting services. Please read my Consulting Services Agreement carefully and let me know if you have any questions. I look forward to serving you.

Consulting Services Agreement

1. PARTIES. This Agreement is made on _____, between the Consulting Office of Joan Kaylor (“Consultant”) and _____ (“Client”).

2. CONSULTING SERVICES. The consulting services to be provided by Consultant to Client are as follows: Consultant will provide Client with information, including Consultant’s professional opinion, if appropriate, and answer Client’s questions regarding the treatment of Trichotillomania, Obsessive Compulsive Disorder and/or other topics agreed to between the parties. In addition, Consultant can offer guidance to Client on where to find professional help for these conditions and other information and resources. As part of the consulting services, Consultant may provide Client with information about a couple of innovative meridian based healing techniques which are modalities that are referred to as types of energy therapies. One is called Emotional Freedom Techniques (EFT). The prevailing premise is that EFT uses the ancient Chinese Meridian system to relieve emotional stress and physiological pain and it balances the energy system with a gentle taping procedure which stimulates designated meridian end points on the face and body. The other is Tapas Acupressure Technique® (“TAT®”). TAT is also a meridian based technique consisting of touching points on your face and holding the back of your head while going through the TAT steps. EFT and TAT are hereinafter sometimes collectively referred to as “Energy Techniques”. The Energy Techniques appear to have promising mental, spiritual, and physical health benefits but have yet to be fully researched by the Western academic, medical, and psychological communities and the extent of their effectiveness, as well as their risks and benefits, are not fully known. Upon request, Consultant can provide Client with further resources and references regarding the Energy Techniques.

3. FEES. Client will pay Consultant for the consulting services called for under this Agreement at the rate of \$195.00 al la carte, \$495.00 for 3 months of unlimited or \$995.00 for 6 months of unlimited via Zoom.us. Fee is prepaid through PayPal button on JoanKaylor.com. By signing this Agreement, Client has consented to use the services offered by Consultant and agrees to be personally responsible for the fees related to the services provided to Client by Consultant.

4. GENERAL DISCLAIMER. Please be advised the Energy Techniques are not used to diagnose, treat, cure, or prevent any disease or psychological disorder. Consultant’s consulting services with Client pursuant to this Agreement do not replace the services of Client’s health care providers. Client agrees to consult with Client’s health care providers for any specific health care problems. Although Consultant is a Licensed Professional Counselor, certified TAT Professional/Trainer, and EFT practitioner, Consultant’s services pursuant to this Agreement is

only to provide Client with information to consider and to answer questions. Consultant's consulting services with Client is not intended to create nor does it establish a client-therapist relationship between Consultant and Client.

5. RELEASE OF LIABILITY & HOLD HARMLESS. You agree to take full responsibility for your self-care in the, emotional, mental, physical, and spiritual dimensions of your life and to seek professional advice as appropriate before making any health decisions. Client agrees to fully release, hold harmless, and defend Consultant, and her heirs, agents, consultants, and employees from any and all claims or liability whatsoever and for any loss, damages or injury, financial, personal, mental, psychological or otherwise, which Client may incur arising at any time out of or in relation to Consultant's consulting services with Client.

Agreed to _____ (“Client”)

(by signing I acknowledge I am at least 18 years of age)

Date _____

I am the parent or legal guardian of the above-named minor, and I consent to and join in the foregoing Agreement on behalf of said minor.

Signed: _____

Date: _____

Print Name: _____

Once signed send confidential fax to: 724-942-5479

Mail to: Joan Kaylor, MEd, LPC, NCC
157 Waterdam Road, Suite 260
McMurray, PA 15317

Scan and send as an attachment to: JoanKaylor@hotmail.com

Phone: 724-413-0964