

# Liberation Family Therapy

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## Liberation Therapy Lifetime Therapeutic/Coaching Agreement

My philosophy is that throughout our lives we will always need sound, a therapeutic voice for consultation. I have also realized that while healing does not have to take a lifetime, making changes is often difficult; it takes times and many of us are not always diligent in our efforts to change, hence the lifetime concept.

Last Name \_\_\_\_\_, First Name \_\_\_\_\_,

Home Phone Cell Phone #: \_\_\_\_\_,

Email Address: \_\_\_\_\_,

Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Briefly describe why you are here:

\_\_\_\_\_

What is your initial goal? \_\_\_\_\_

Other important goals?

\_\_\_\_\_  
\_\_\_\_\_

Ethnicity/Family Cultural Heritage(s) \_\_\_\_\_, \_\_\_\_\_

### Agreement/Commitment

I \_\_\_\_\_am committed to collaborating with the above consultant/agency in my pursuit to create a better life in general and specific ways. I further understand that neither the above consultant, nor any partnering agency is responsible for any personal dissatisfaction that I may have with services rendered \_\_\_INTAL's. I know that I have to engage, honestly and consistently to get the sustainable change in my life today and in the future \_\_\_INTAL's.

Therefore, I will do everything that I can to facilitate the coaching process so that I may achieve my goal(s). I also take full responsibility for achievement of the goal(s) specified above (and future ones as well). I further understand that may amend this contract to include other goals in future sessions.

Finally, I agree that I forfeit the return of any prepaid fees associated with my original agreement should I decide to end this contract after the exchange of funds and/or signing \_\_\_INTAL's.

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## Confidentiality

I understand that strict confidence will be maintained throughout the coaching process. I give my permission for my coach, Dr. Debra, to record sessions for professional purposes (research): reports, articles and/or presentations or consult with colleagues when necessary regarding my case. I understand that I will be given a pseudonym to insure that my identity is concealed. Files on my case will be kept confidential except where it is otherwise required by law. I understand that there will be no payment of any sort for my participation in research or publications related to the lifetime of therapy/coaching concept. My electronic (as applies) signature below is an indication that I understand and agree to these terms.

\_\_\_\_INTAL's Date\_\_\_\_\_.

## Liberation Therapy Lifetime Agreement

I commit to and accept the lifetime agree with Dr. Debra and her agency. With this commitment, I am agreeing to remit payments for services based on one of the following options:

***\$500 discount for clients with past agreements of 10 visits!***

Option #1 \$6750 (in full)	Option #2 \$8000
<ul style="list-style-type: none"> <li>• No fees for 12 mos.</li> <li>• Bi-weekly meetings per 1 mos. Max</li> </ul> <p><b>The following number of meetings apply to the family unit per this contract</b></p> <ul style="list-style-type: none"> <li>• Weekly meetings (4-per month)</li> <li>• Bi-monthly meetings (as agreed.)</li> <li>• Monthly meetings (As agreed)</li> </ul>	<ul style="list-style-type: none"> <li>• 4 consecutive monthly payments \$2000</li> <li>• After installments, no fees per 8 mos.</li> </ul> <p><b>The following number of meetings apply to the family unit per this contract</b></p> <ul style="list-style-type: none"> <li>• Bi-weekly meetings per 1 mos. Max. (8 total)</li> <li>• Weekly meetings per 3 mos. Max. (12 total)</li> <li>• Bi-monthly meetings (as agreed.)</li> <li>• Monthly meetings (As agreed)</li> </ul>
IN PERPETUITY AFTER YEAR ONE	
Option #1	Option #2
<ul style="list-style-type: none"> <li>• \$100 per each visit for primary/immediate family</li> <li>• Max. 2-visits mo. (Additional visits at \$175)</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 per each visit for primary/immediate family</li> <li>• Max. 4-visits per mo. (in total) (Additional visits at discounted fee, \$100).</li> </ul>

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- CashApp: \$docdebra, Zelle: 954 218 0267, or Credit Card—per arrangements
- Primary/Immediate family: Nucleus family members—spouse/partner, children and grand-children under age 25,
- \$25 fee per additional person over 2-clients per visit.

**Additional Services:** include a 50% discounted fee (market rates) for each of the following extras **based on need and therapist's availability**:, court appearances, official letters as appropriate, ceremonial officiate, and other appropriate agreed upon services with Liberation Therapy/Dr. Debra. INTAL's. \_\_\_\_ INTAL's \_\_\_\_

- Reminder: all additional services rendered at the discretion and availability of Dr. Debra.

INTAL's. \_\_\_\_ INTAL's \_\_\_\_

## Family Contract Fees:

Immediate/Nucleus family members must commit to a minimum of 6 sessions, making payments in full prior to first visit via CashApp: \$docdebra, Zelle: drdebraharris@gmail.com, or Credit Card payments:

**Immediate/Nucleus family:** Children and grand-children age 25 and under & families


**Event of death:** In the event of your death, partner, and/or spouse, children may continue to take advantage of this offer for one year with the option of starting a new contract with a 25% discount. In the event of your therapist's death this contract ends without remuneration.

**Gifting:** Primary client may gift 2-friends within the first year of service for a fee of \$150 per individual visit (maximum 3-visits per individual referral).

- I understand that this agreement offers no refunds. Once I sign our agreement, I am committing to the payments, sessions, and payment arrangements. INTAL's. \_\_\_\_ INTAL's \_\_\_\_

Lifetime fees begin Date: \_\_\_\_\_ Option#: \_\_\_\_\_ INTAL's. \_\_\_\_ INTAL's \_\_\_\_

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date



Ph. D., LMFT \_\_\_\_/\_\_\_\_/2023