



R.E.A.L. Horizons Consulting Service, LLC

P.O. Box 2665 * Silver Spring, MD 20915

(240) 242-4087

dwayne@realhorizonsdlb.com

www.realhorizonsdlb.com

Individual Consultation Contract

Thank you for seeking life skills consultation services. The following will outline the responsibilities for each party.

Consultant's obligations

- ❖ Help client develop healthy life skills and increase awareness of current and past life skills.
- ❖ Help client gain insight into effective ways of coping with personal, occupational, relational, family, parent-child or interpersonal challenges.
- ❖ Collaborate with client to create a plan that will enable him or her to maximize and enhance your current skills while also developing new
- ❖ Coach client through self-reflection methods that will help him or her identify and utilize coping skills that will enhance his or her lifestyle.
- ❖ Life skills' consulting is not counseling or psychotherapy and does not involve diagnosing or treating mental illness or dysfunction. If the client request or desire to receive mental health treatment, a referral to specialty mental-health provider will be made immediately.

Confidentially and Documentation

Consultation sessions are entirely confidential. However, threats of self-harm or violence toward others will be addressed and reported.

Consultant will not retain documentation of individual consultation sessions. Sessions are strictly educational. However, a coaching plan with specifics goals and objectives will be developed in collaboration with the client if requested.

Client obligations

In exchange for the services provided, Client agrees to compensate consultant as follows:

Option A: 30 Minute Phone Consultation: \$30

Option B: 60 Minute Phone Consultation: \$60

Option C: 60 Minute In Person Consultation: \$100

Total fee is required before starting sessions and can be paid by Check, Credit Card or Cash.

Recording: The Consultation Fee does not include the right to audio- or video-tape sessions. Client is prohibited from recording any sessions without the consultant's written permission.

Meeting Rules: Sessions will begin and end promptly. Client is responsible for keeping scheduled appointments.

In the event Client cancels a session or changes the Date of Session to a date Consultant cannot accommodate, the following fee schedule shall be in effect from the time the Consultant receives notification of cancellation or date change: - All Payments shall be retained by Consultant –All Payments are non-refundable Because Consultant was not able to book another session due to holding the agreed date and time.

In the event the Consultant cancels session or changes the Date of Session to a date Client cannot accommodate, 100 percent of Consultation Fee will be refunded to Client.

Cancellation: Because of the numerous consultation sessions conducted by the Consultant and his desire to serve clients with an immediate answer, RHCS does not hold dates. If this Contract is not returned within 7 business days of receipt by Client, Date of Session will be considered open. Please send any special session request prior to the schedule appointment.

What to do now

Visit www.realhorizonsdlb.com complete our **contact form** and we will contact you via email or telephone with availability dates and schedule your appointment. After you receive availability dates, fill in your session date (s) and times.

To ensure that your session date is reserved, please complete and return the signed contract with full payment to the address above. Please make check payable to **RHCS** or **pay on-line now at: www.realhorizonsdlb.com**

We look forward to a great consulting session. Please contact us know if you have any questions.

Thank you!

Dwayne L. Buckingham
CEO&L Founder, RHCS



**R.E.A.L. Horizons Consulting Service, LLC
Individual Consultation Contract**

RHCS agrees to conduct consultation session on (date) _____ from (time) _____
_____ at (location or phone) _____.

The total number of consultation sessions RHCS is expected to provide is _____ with each session at _____ minutes. Consultation Fee: \$ _____ Client will also receive a **20%** Discount off all RHCS products. Total due now: \$ _____

The client, _____ agrees to the following:

- Option A: 30 Minute Phone Consultation: \$30 _____ (# of sessions _____)
- Option B: 60 Minute Phone Consultation: \$60 _____ (# of sessions _____)
- Option C: 60 Minute In Person Consultation: \$100 _____ (# of sessions _____)

The total (\$ _____) will be paid in full and is due with this signed contract.

Full payment will guarantee RHCS' availability on the date(s) you have requested.

• The Terms and Fees outlined in this contract may not be disclosed with Third Parties. Any breach or violation of this contract shall be addressed in a court of competent jurisdiction in the federal or state courts.

By signing this contract, you acknowledge your acceptance of the above conditions:

Signature: _____ Title: _____

Date: _____

*//Signed//
Dwayne L. Buckingham
CEO & Founder, RHCS*