1. **Spiritual Care Waiver and Client Agreement**

1. Nature of Services

I understand that the services provided by Marcel DeGagné are in the area of spiritual counselling and support. These services may include:
- Deep listening and compassionate presence
- Exploration of meaning, spirituality, values, and personal growth
- Emotional and spiritual support during times of transition, grief, or uncertainty

I acknowledge that this is not psychotherapy, medical treatment, or psychiatric care, and does not substitute for such professional services.

2. Limits of Services

- Marcel DeGagné is not a licensed medical doctor, psychologist, psychiatrist, or social worker.
- No diagnosis, prescription, or medical treatment will be provided.
- Clients are responsible for seeking appropriate medical or mental health care if needed.
- If at any time I express suicidal thoughts, self-harm intent, or disclose risk of harm to others, Marcel may be legally or ethically required to contact emergency services.

3. Confidentiality

- Sessions are private and confidential to the fullest extent allowed by law.
- Exceptions include situations involving imminent harm to self or others, or when disclosure is required by law (e.g., child abuse reporting).
- With consent, referrals may be made to other professionals.

4. Client Responsibility

I understand that:
- I am responsible for my own well-being, decisions, and personal growth.
- I may discontinue sessions at any time.
- Results from spiritual counselling vary by individual and cannot be guaranteed.

5. Payment and Cancellation

- Sessions are $60/hr. Fees can be tailored to client's resources
- Cancellations require 24 hours' notice. Missed appointments may be charged.

6. Waiver of Liability

I voluntarily choose to engage in spiritual counselling with Marcel DeGagné.
I release and hold harmless Marcel DeGagné from any and all claims, liabilities, or damages arising from participation in these services, except in cases of gross negligence or intentional misconduct.

7. Consent

By signing below, I confirm that I:

- Have read and understood this agreement

- Understand the limits of confidentiality and the scope of services

- Consent to participate in spiritual counselling sessions

Client Signature: _____

Date: _____

Spiritual Care Provider (Marcel DeGagné): _____

Date: _____