**Gentle Grief Care Client Agreement**

I look forward to working with you. I am deeply committed to assisting you in all aspects of your bereavement and/or end-of-life care, whether you are facing your own or a loved one’s loss or are living with the grief after a loved one’s death. It is important that we have a clear understanding about our work together. Please know that everything we discuss is confidential and that I adhere strictly to the Professional Social Workers Code of Ethics and the National End-of-Life Doula Alliance (NEDA) Code of Ethics (request a copy, if desired). Please read this agreement carefully before signing.

Our responsibilities: You are responsible for your own decisions and results. I am not providing therapy in this setting, although I am a Licensed Social Worker in the State of Indiana, I am acting as a grief educator and end-of-life doula. You agree not to hold me, or Gentle Grief Care, or David Kessler’s Grief Educator Program or any other program I am affiliated with, liable for any outcomes, resulting directly or indirectly from this grief support process.

What you can expect from me:

* Provision of emotional and practical support (can include advanced health care planning, and creating a supportive environment at the time of death).
* Assistance in understanding the processes of death and bereavement.
* Education in coping strategies before, during and after death.
* Assistance in creating meaningful legacy and memorial rituals to honor the deceased.
* At all times and most importantly, provision of these services in a way that validates your feelings and provides long-term, meaningful support.

I expect that you, as my client, will:

* Take responsibility for creating value and results for yourself.
* Be open to feedback and keep me informed about what is and is not working for you.
* Take ownership for your progress and your accomplishments.
* Keep your appointments as much as possible as I understand that there are many unforeseen circumstances in end-of-life and bereavement situations.

If ‘emergencies’ keep you from attending a session, please email, text or call whenever possible to let me know of the circumstances.

Communication: I can be reached via email at [mpittz@gentlegriefcare.com](mailto:mpittz@gentlegriefcare.com). If urgent, call or text my cell phone at (509) 998-5950.

What grief and end-of-life support is not: This service is not in any way to be construed as, or a replacement for psychotherapy, legal counsel, or medical advice. If I believe it is in your best interest to seek the assistance of other specialists, I will advise you of this.

Payment: Fees will be negotiated at the beginning of our work together and will be based on your ability to pay. I am asking that payment be $40.00 per session but I do not wish to deny anyone the service if they are unable to pay. Simply let me know of the need and services won’t be denied as long as I am able to schedule you for visits.

Contact Information:

* Best Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Backup Phone Number/Contact who you give me permission to speak with on your behalf:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email:

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Client Name Melissa Pittz

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Date Date

Melissa Pittz, LSW

Gentle Grief Care