

LOVE ODYSSEY CHARTERS

875 Walnut St., Suite 220, Cary, NC. 27511

Tele. (919) 460 2516 Fax (919) 467 1712

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SERVICE AGREEMENT FOR TELEPHONE/ INTERNET COACHING AND CONSULTATION

SCOPE OF SERVICES TO BE PROVIDED: Dr. Bryce Kaye of Love Oydsey Charters will provide scheduled telephone or internet videoconference (Skype) coaching and consultations regarding personal growth and intimacy/relationship issues only. I understand and agree that assessment and treatment of diagnosable mental health disorders will not be the responsibility of Dr. Kaye in relation to these services. It has been explained to me that face to face contact with a licensed therapist is most appropriate for treatment of any diagnosable mental disorders. I also agree to hold said coaching and consultation services to be separate and not a part of any psychological practice owned by Dr. Kaye and that the coaching and consultations shall not be construed to consist of psychological services or treatment. I also agree to hold Love Odyssey Charters as the sole entity responsible for said coaching and consultation services.

SCOPE AND LIMITS OF CONFIDENTIALITY: I understand that my disclosures to Dr. Kaye will not be revealed to outside parties except in the following instances: 1) Where my written permission has been granted; 2) Where my physical safety or the physical safety of another person is threatened; 3) Where evidence is given of physical or sexual child abuse; 4) Where records are subpoenaed by a judge. I also accept that internet videoconferencing is not a totally secure or confidential form of communication and I accept the inherent risk to confidentiality for the sake of convenience of that service.

RESPONSIBILITY FOR PAYMENT: I agree that I am responsible for the total balance due on my account for services rendered . Love Odyssey Charters is authorized to immediately charge my credit card (listed below) for any balance due. The charge for telephone or internet coaching/consultation is \$150 per 45 minutes.

MISSED APPOINTMENTS: Because I will be reserving appointment times in advance with Dr. Kaye, I also agree to pay half the usual rate for any scheduled appointments that I miss without having given at least 4 hours prior notice. I understand that without prior notice of a cancellation, Dr. Kaye would be likely to lose revenue through unfilled appointment times.

Please complete the following and then fax or mail (but do not email) this form to Dr. Bryce Kaye at (919) 467 - 1712 or address above. Dr. Kaye will contact you via telephone. You can call Dr. Kaye on his cell phone (919-218-5948) if you have questions. It would be best to set up your Skype account first before completing this form (It's easy to do). Please complete ALL items on this form. (Only VISA and Mastercard accepted)

Yes, I agree to the above. (Your full name, print or type): _____

E-mail address: _____ Your Skype Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Full Name on Card (print): _____

VISA or Mastercard #: _____ Expiration Date: _____

VISA or Mastercard? (circle): VISA Mastercard

I agree to all of the above (Your Signature and Date): _____