

SPIRITUAL INQUIRY & SPIRITUAL MENTORING  
RELATIONSHIP AGREEMENT  
Kaycie Marler-Rush

I would like to briefly describe my understanding of the agreement we are entering into as we prepare to work together. I would also like to explain my policies regarding my availability and payment for Spiritual Mentoring (Direction), Inquiry, and Consultation. I understand that we are entering into a relationship in which we will meet by scheduled appointment for the purposes of supporting your spiritual practice and personal growth. We are likely to be at some physical distance so we will be meeting online using a video platform such as Zoom. My understanding is that I am acting as a consultant and spiritual director in support of your personal pilgrimage, whatever your faith tradition.

Spiritual Inquiry and spiritual practices can bring up strong emotions and unprocessed material. It can be challenging to our egoic structure when there are shifts in conscious awareness.

It is my understanding that Spiritual Mentoring (Direction), Inquiry and Consultation is not psychological or mental health counseling services. If you are in need of mental health counseling/therapy, please contact your insurance company for a list of therapists in your area. Spiritual Mentoring (Direction), Inquiry and Consultation is not a substitute for medical care, psychological services, or mental health counseling.

**FEES AND PAYMENT**

Payment is due at the time of each session. You may pay via PayPal or Credit Card.

- Spiritual Mentoring (Direction)/Consultation each sixty-minute session is \$150, and each thirty-minute session is \$75.
- Inquiry sessions are 30 minutes at a rate of \$75.
- From time to time there may be a special rate offered, if so that rate will be the rate that you will pay for the appropriate service.

**CANCELLATIONS**

There is no charge for cancellation of an appointment if made at least 24 hours in advance. With shorter notice you are agreeing to pay the full fee for the time you had reserved.

**AVAILABILITY**

I work by scheduled appointment only. If you find yourself in acute need, I trust you to find additional resources and support just as you found me.

**CONFIDENTIALITY**

I will maintain confidentiality around anything you discuss with me and will expect you to do the same.

This agreement is a way for us to be clear about the nature of our relationship and the kind of work we will be doing together. By signing this agreement, you accept the constraints and nature of our working relationship, having read and understood the material above.

Date \_\_\_\_\_

Signature \_\_\_\_\_