



Mark W. Neville, MDiv  
Life Therapy Education

*"Care for the human spirit"*

## Our Professional Relationship Agreement

### Introduction

Thank you for asking me to partner with you and help you realize your aspirations toward life, health, happiness, and realizing your dreams.

This document expresses our agreement with each other about the shared work we do in your sessions. It presents important practical details about our shared work. More importantly, it describes the promises we make to each other.

Keeping our promises to each other is essential to the success of our collaboration. Our signatures below confirm that we agree to the terms of this document.

Read everything in this agreement. It serves as a binding agreement between us. Please also note any questions you have before signing it. I am happy to address your questions by phone or at your next appointment.

After adding your signature, please make a copy for your records and return the original to me.

### About Me

#### *My Vision and Mission*

I believe in a world where more of us are healthy, happy, fulfilling the life-affirming desires of our hearts, and realizing our dreams.

My mission is to help create such a world by helping individuals and couples in emotional pain, who are ready for change, do two things: understand the source of their distress and learn how to feel better, so they can live healthier, happier lives, and realize their dreams.

#### *My Qualifications*

I am a provider of Health Education and Advocacy with over thirty years of experience helping individuals and couples understand their emotional pain and learn how to feel better.

I am not a licensed medical doctor, psychiatrist, psychologist, social worker, mental health counselor, or psychotherapist and do not provide the same services they provide. However, I do address the same problems they address. Neither am I a Life Coach, Consultant, or Pastoral Counselor, but I also address the same issues they do.

I am the originator of Life Therapy Education, an effective, holistic alternative to the approaches mentioned above.

In 1989, I earned a four-year Master of Divinity degree that focused on individual, couple, and family counseling. During that time, I completed clinical-psych training at South Carolina State Hospital in Columbia, SC. I was ordained by the Evangelical Lutheran Church in America in 1989 and served as a pastor for twelve years. Thirty to fifty percent of my time was spent counseling members and residents in the community.

From 2005 to 2016, I worked for Four Seasons Hospice and Palliative Care as a chaplain, clinical director, counselor, and educator. My work required ongoing professional development in leadership, counseling, religions, spirituality, and complementary and alternative medicine.

During my time at Four Seasons, I developed the initial ideas that later became Life Therapy Education. In 2015 I established Mark W. Neville, MDiv, LLC as a Health Educator and Advocate.

From 2016 to 2017, I earned certificates in the Gottman Method of Couples Therapy that included special training in addressing the effects of trauma, affairs, and substance misuse on relationships.

### *My Areas of Specialty*

My areas of specialty include the many types of anxiety, depression, trauma, and borderline characteristics as they affect individuals, couples, and families.

### **My Method**

I call the method I have developed Life Therapy Education. Life Therapy Education is education in attending to, serving, and caring for your human spirit and the realities of your life. I do this in ways that build on your strengths and lead you out of life-denying and into more life-affirming ways of living. What you learn promotes your healing and happiness, fulfilling your life-affirming desires, and realizing your dreams.

As your Life Therapy Educator, I teach; that is, I listen to understand your experience, what's going well and what's not, verify my understanding to your satisfaction, and validate your experience. I then point out, show, and talk with you about your experience and help you understand and overcome the challenges you face.

### **What Success in Doing Life Therapy Education Requires**

For you to go from where you are now to where you want to be with your life, we first agree that we are a good fit for the work we want to do together.

We agree on our roles. My role is to work for you by attending to you so that I may understand your experience, verify my understanding to your satisfaction, validate your experience, and support your natural aspiration toward life, health, and happiness. My job is to work myself out of a job with you.

Your role is to be your primary health care provider. This means you are responsible for your life, health, and well-being. Your role requires you to come to sessions prepared to talk about what you are experiencing, learn, and apply between sessions what you learn in sessions.

We also agree that we are ready and willing to work together. This means that we are ready and willing to—

- Dedicate and protect the time we schedule for sessions
- Refrain from alcohol, marijuana, and other mind-altering substances prior to and during sessions
- Keep appointments and show up on time
- Protect our session time from interruptions

- Be open and honest with each other
- Be receptive to each other's influence
- Learn from each other and make changes
- Do work we need to do between sessions
- Agonize to overcome challenges and celebrate our successes

## **Our Sessions**

### *Private and Confidential*

We agree that our sessions are private and confidential. Private means that we protect our time together from unwanted interruptions.

Confidential means that you are free to talk about yourself and others and I am not. What you and others say to me I keep in confidence. Only for the following can I not maintain confidentiality:

1. If you are clearly likely to do physical harm to yourself or another person in the near future, it is my duty to take steps to protect your safety and the safety of others.
2. If you share information about currently occurring abuse or neglect of juvenile(s) or disabled adult(s), I may be required by state law to report that information to the Department of Social Services.
3. If I am ordered to do so by a judge as part of judicial proceedings.

### *Online*

We agree to meet online via a HIPPA compliant platform at <https://doxy.me/markwneville>

So that our online sessions best support our relationship, we agree to use the best devices we have available (a desktop or laptop computer, tablet, or smart phone) that allow us to clearly see and hear each other.

We also agree to be in a location that supports a strong internet connection.

We agree to set our devices to “Do Not Disturb” for our sessions.

### *Frequency of Sessions*

We agree that at first weekly sessions are the gold standard for our work. However, we can meet more frequently for the first three assessment sessions if you wish. As you make progress we meet less frequently.

### *Prematurely Ending Regularly Schedule Sessions*

We agree that we both have the right to stop working together. We also agree to meet for at least 6 sessions before ending sessions. Six sessions gets us through the assessment phase and three working sessions.

Furthermore, before ending sessions we agree to have a final session and discuss our reasons for ending sessions. If I decide to end sessions with you, I agree to tell you why and refer you to another provider. If you decide to end sessions, you agree to tell me why in our last session.

*We agree that we will not just cut each other off without first having a discussion.*

## **Completing Sessions**

Once you have reached your goals, we agree to have a final session. In this session we review the work we have done together, discuss what was most helpful, and review the Relapse Prevention Plan. The Relapse Prevention Plan lays out how best to keep and continue to build on the progress you have made.

We also discuss whether you want to plan occasional check in sessions.

## **Types of Sessions, Costs, and Payment**

### *For Individuals*

The first three sessions for individuals are a thorough assessment and assessment review. They are 90 minutes each and cost \$135.

After that sessions are 60 minutes and cost \$99 each.

### *Discounted Options for Individuals*

If you choose discounted options for 21 individual sessions (3 Assessment 90-minute Sessions, 18 Individual 60-minute Sessions) \*, we agree on the following:

1. **Save \$100:** 3 payments of \$695 at the 1<sup>st</sup>, 7<sup>th</sup>, and 14<sup>th</sup> sessions
2. **Save \$200:** \$405 for three 90-minute assessment sessions, \$1580 at 4<sup>th</sup> session for eighteen 60-minute sessions

\* Most care plans for individuals require at least 21 sessions.

### *For Couples*

All couple sessions are 90 minutes and cost \$135 each. The first three sessions include a thorough assessment and assessment review.

There is an additional one-time fee of \$39 for the *Gottman Relationship Checkup Questionnaire*. This fee covers both partners and doing the *Checkup* twice, once in the assessment phase and again later to see the progress you have made.

### *Discount Options for Couples*

If you choose discounted options for 15 couple sessions (3 Assessment Sessions, 12 Couple Sessions) \*, we agree on the following:

1. **Save \$100:** 3 payments of \$642.00 at the 1<sup>st</sup>, 5<sup>th</sup>, and 10<sup>th</sup> sessions
2. **Save \$200:** \$405 at 1<sup>st</sup> session, \$1420 at 4<sup>th</sup> session

\* Most care plans for couples require at least 15 sessions.

**NOTE:** When one or both partners doing couples therapy need sessions for individual needs, I offer those at a discounted rate of \$75 per 60-minute session.

### *Annual Cost Increases*

I do not believe in building personal wealth off those facing difficult challenges in their lives. I believe in sustainable income; that is, earning enough from my work to support myself. My commitment to you is to keep my costs as low as I can and still support myself financially.

I assess my costs each year to determine if I can keep my current prices as they are or need to increase them. I promise to give you at least 30 days' notice prior to an increase in fees.

#### *Payment*

We agree that payment is due at the time of our session or immediately after.

We agree on payment by credit, debit, HSA or FSA cards only. No insurance.

We agree that failure to pay suspends sessions until payment is made.

#### **Late Arrivals, Cancellations, No Shows**

We agree that our sessions begin and end at our scheduled times, and will wait a maximum of 15 minutes for each other to log in.

We agree that if either of us are late and our time allows, we will do our best to meet for the full time of the session. However, if we are not able to meet for the full time, we will understand that we are human. Sometimes being late is unavoidable.

We agree to notify each other at least 24 hours in advance if we need to reschedule our appointment.

#### *Late Cancellations and No Shows*

We agree that if I cancel an appointment less than 24 hours before our session or do not show up, for any reason other than an emergency, your next session is free.

We agree that if you cancel an appointment less than 24 hours before our session or do not show up, for any reason other than an emergency, you pay full price for the missed session before we schedule our next session together.

#### **Contact Between Sessions**

***I am available between regularly scheduled sessions by text and phone to process emergent distressing issues.*** I prefer that we process such issues when they are fresh instead of several days later at our next session.

When you need to talk with me, **text me at 828-367-7685**. I will get back with you as soon as possible.

For more serious emergencies call **911**, go to your nearest **Hospital Emergency Room**, or call **Vaya Mental Health** (for residents in the greater Asheville, NC area) at **1-800-849-6127**. Vaya is available 24/7. Text or Call **988** 24/7 for **Emergency Mental Health** nationwide.

**Print Your Name:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**My Name:** Mark W. Neville

**My Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_