*Hannah Salander*

*Spiritual Director*

*hsalander@yahoo.com*

*575-224-1312*

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you grow up practicing within a religious or spiritual context? If so, please specify.

Are you religiously affiliated now?

What if any spiritual practices do you engage in currently?

Do you have previous experience with Spiritual Direction? If so, please describe.

What has brought you to Spiritual Direction now? Is there specific guidance you’re seeking or questions you’d like to explore in your spiritual life?

Is there anything else you’d like to share?

Covenant/agreement of Spiritual Direction

Confidentiality:

Our relationship and our time together is sacred. As a part of this sacredness, I honor the trust we build and the confidentiality of our sessions and all that is shared. I will not discuss our sessions with anyone except within my own Spiritual Direction supervision, where I seek guidance and growth as a director. There are some legal exceptions to my guarantee of confidentiality. State law requires that confidentiality be severed where there is suspicion that someone may be in danger of being harmed, of harming oneself, or in a situation where there is suspicion of child or elder abuse. Some spiritual leadership training programs may also require my input in the ordination or graduation process of their participants.

Commitment:

We will typically meet once per month for a 60 minute session. At times it may be appropriate to meet more frequently or for a longer period, and we can discuss these occasions as they arise. If you wish to change your appointment, I ask that you give me at least 24 hour notice. If I don’t receive this advanced notice, you will be charged the full amount for your missed session.

Fees:

The fee is $125 per hour session, and I’m happy to accept payment by Venmo, credit card, or by check in the mail. Fees are due at the time of service. Please let me know if you need an adjustment to this fee.

Limits of our sessions:

Our work together is spiritual in nature rather than clinical. If appropriate, I may encourage you to seek psychotherapeutic support if it’s appropriate. If you are currently seeing a therapist or are taking medication to support psychological issues, please indicate bellow. It may be helpful for me to speak with your therapist per your discretion. I work within the scope of this practice, and some circumstances may warrant a referral for extra support.

I currently am\_\_\_\_\_/ I am not\_\_\_\_\_\_\_ in psychotherapy and I am \_\_\_\_\_\_\_/ I am not\_\_\_\_\_\_\_\_ taking medication for psychological issues. *(please check what applies to you)*

Please sign and return a copy of this agreement:

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_*

Directee Signature Date Director Signature Date