



Consent for Services

Welcome to my practice. This document contains important information about my services and business policies. Although this document may appear long and sometimes complex, it is very important that you understand it. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign it or at any time in the future.

SERVICES

Even though I am trained as a mental health counselor, I do not presently hold a current license and do not practice or call myself a therapist. I am a nature mystic who takes into consideration what you share with me and I combine it with my intuition and experience. Based on what I am sensing and what I hear you say, I use specific tools to address your comments and concerns. These include but are not limited to: talking, breath work, yoga, movement, guided meditation, burning and/or ingesting of herbs, placement of crystals on the body, consented touch, prayer, calling in of spirits or energies, singing, chanting, drumming, rattling, dancing, Tarot, use of spiritual tools such as bones, sticks, feathers, fur, rocks, shells, water, fire, candles, going outside and being in nature, fresh plant material (i.e. flowers), etc.

By accepting my services, you are entering into a relationship with me. This means that you will communicate with me at all times, letting me know how you are doing, if you feel discomfort, if you want to stop, if you need a break, what you like, what is working well, etc. It is your responsibility to speak up and act as an advocate for yourself. I will do my best to gauge the energy of the room, what is needed, etc., but I cannot guarantee that I will always know when to intervene.

Energy work has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process often requires discussing the unpleasant aspects of your life. However, energy work has been shown to have benefits for individuals who undertake it. Energy work often leads to a reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Energy work requires an active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. In addition, there may be an adverse reaction to any plant materials or smoke that is burned or ingested. I will do my best to mitigate any known sensitivities to scents or plant materials, but complete eradication of scents in my office is impossible as scents have permeated into the building structure.

There is no set amount of sessions that is prescribed. Some people need one session to address what they currently are dealing with and others may choose to have multiple sessions. The choice is yours. The first session will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. With any time remaining, we will move into the energy work part of the session. Subsequent sessions will include a check in and then movement into the energy work based on what arose during the check-in. You should evaluate this

information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you locate an energy worker that may meet your needs.

APPOINTMENTS

Appointments will ordinarily be 60 minutes in duration but may go as long as 150 minutes based on the requested services, at a time we agree on. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect \$100 for a missed appointment [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for Life Transitions & Spiritual Exploration sessions are \$175.00. A sliding scale is available if needed. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash; I am not able to process credit card charges as payment. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. Additional services cannot be scheduled until payment is received in full.

INSURANCE

I am not set up to accept insurance and am unaware of any insurance that covers energy work.

RECORDS

In addition to the Intake and Release forms, I may take a few notes from time-to-time. These records will be maintained in a secure location in the office. Notes may include brief records noting that you were here, your reasons for seeking services, the goals and progress we set for treatment, topics we discussed, your treatment history and receipt of payment.

CONFIDENTIALITY

My policy about confidentiality is that what is shared between you and I will remain between you and I. Unless there is a significant reason to believe that you may be a harm to yourself or another, nothing will be disclosed to any other party. If you are seeking services with another and request that I share information about our sessions, I will do so only after a written release is signed and you have had a chance to instruct me on what information it is that you would like shared.

PARENTS & MINORS

I generally do not work with minors. In rare circumstances, I will make exceptions. While privacy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on

Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone or email. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail/email and your call/email will be returned as soon as possible, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences.

OTHER RIGHTS

If you are unhappy with what is happening in our sessions, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another energy worker and are free to end services at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of services and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO SERVICES

Your signature below indicates that you have read this Consent for Services and agree to its terms.

Signature of Client or Personal Representative

Printed Name of Client or Personal Representative

Date _____

Description of Personal Representative's Authority: _____