

## Welcome!

The following packet includes all the necessary information for you to review. You will find questionnaire forms to be answered to the best of your ability. The information you provide will help me determine the best course of service. At the time of your first sessions, we will review all the documents and I will answer any questions that you may have at that time. The information provided by you is voluntary therefore, I encourage you to be as honest and detailed as possible that may generate the best outcome from the session.

Thank you for your patience with this process. I look forward to working with you.

## Disclosure Statement.

Initial: \_\_\_\_\_

I am a certified energy practitioner in the State of Florida. I utilize numerous evidence based and non-evidence-based modalities in my work with the client.

These may include but are not limited to:

- REIKI
- THETA HEALING
- MATRIX ENERGETICS
- HOLOSETS
- KUNDALINI YOGA TECHNIQUES
- CRYSTAL HEALING

I will happily explain these in further detail during our first session. However, you may also find more information on my website.

[Mysticalmilestherapeuticservices.com](http://Mysticalmilestherapeuticservices.com)

I am NOT a healer. I am a regular human being with tools that can facilitate healing. The Creator of all that is / GOD is the only one who can heal. I believe in God but do

NOT require that you do. You must, however, be open to me using any of the tools not limited to the list above in order to assist you.

Our therapy session may be in person or via video chat using either Facetime, Whatsapp or as agreed upon by us. I will call you at the agreed upon time to initiate our session.

**Currently, I am only offering virtual sessions.** Please understand that with energy work, distance / location is irrelevant. I can utilize any / all the tools above in a video-chat session.

During our therapy session, I will listen to you as you share your history, your current issues and your intended outcomes. I will then work to assist you in resolving your limiting beliefs, emotional pain from past traumas as well as physical ailments etc. utilizing any / all the above modalities.

As your practitioner, I will recommend certain practices which I believe, when practiced daily, will improve your state of mind, body and soul. It is up to you to follow the recommendations. In my experience of having worked with hundreds of clients, the ones who follow the recommendations benefit, while the ones that don't follow the recommendations do not. I would hope that if you are coming to therapy and investing the time, money and energy to improve yourself, you will do ALL the work recommended to the best of your ability.

We will utilize the beginning of the session to understand the situation/problem but then we will get to work to address, resolve, release the issues at hand utilizing the various modalities mentioned above. If you are looking for a traditional talk therapist, I will be happy to refer you to one of my esteemed colleagues who utilize traditional psychotherapy modalities.

Our mind is like an onion layered with memories which are stored in our subconscious and our physical body in the form of limiting beliefs and even physical ailments. As we start to work through those layers of your subconscious, you may feel that you are "worse" instead of "better". Please understand that this is a normal part of healing. My intention is to heal and empower you with tools that you can use so that you are able to cope with whatever is coming up for you.

## **Working with a minor child**

Your child is a part of your family unit therefore it is important that you as the parent / caregiver be involved / engaged in the therapeutic process. Therefore, there may be times where I may invite you as the parent to be a part of the session. Also, I may recommend that we have an individual session just with the parent / caregiver to address the issues from a family unit perspective.

While your child is in therapy with me, I will discuss with you any/ all pertinent information. Please understand that I will NOT violate the confidence/rapport/trust of your child by revealing everything that they have shared with me in session. Your child is my client although you are the adult paying for the session. Please understand that I will discuss any concerns/issues I have regarding your child's physical / mental safety.

## **My Responsibilities to You as Your Practitioner:**

### **I. Confidentiality**

Apart from certain specific situations described below, you have the absolute right to the confidentiality of your treatment. I cannot and will not tell anyone else what you have told me or even that you are in treatment with me without your prior written permission. I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy even if you do release in writing authorization to share information about you. You may direct me to share information with whomever you choose, and you can change your mind by revoking permission at any time. You may request anyone you wish to attend a session with you.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect unless it is an emergency, and I can't reach you:

If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 72 hours.

If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am obligated by law to do this but would explore all other options with you before I took this step.

If you are filing a complaint or are a plaintiff in a lawsuit where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. Despite that, I will not release information without your signed consent or court order. We can also discuss obtaining a protective order to help maintain confidentiality of records. Please let me know if you are in this kind of situation so that I can take the utmost care possible to protect your privacy in my records.

## **II. Record-keeping**

I maintain your records in a secure location in my home office which cannot be entered by anyone else. I will discuss any concerns you may have regarding the record keeping completed on your treatment progress.

## **III. Availability**

Each session usually lasts approximately between 60 – 90 minutes. We will schedule our sessions cooperatively for mutual convenience. Outside of the session, if necessary, you can reach me on my cell phone (305-322-3522).

Also note that if you are calling from a cellular phone, I will request your location/address at the time of the crisis call in order to assist with the possibility of getting emergency personnel to you. If you are in an emergency/crisis, call 911.

#### **IV. Your Responsibilities as a Patient**

You are responsible for coming into the appointments on time or being available when I call you via video chat at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. If you must cancel a session, please do so at the earliest so that I can make your session time available to another patient.

**\*\*You are responsible for the payment of your session at least 24-48 hours in advance prior to the session.\*\***

## Patient Informed Consent

I have read all pages of this statement and have had sufficient time to consider it carefully. I have asked any questions that I needed to and have comprehended all essential information. I hereby voluntarily agree to enter therapy with Shireen Hasham.

Client Name: \_\_\_\_\_

Clients Signature: **(if minor then parent/caregiver must sign)**

\_\_\_\_\_ Name of parent/caregiver:

\_\_\_\_\_

Witness: \_\_\_\_\_

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

**Client Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Whom may I thank for referring my name to you?

\_\_\_\_\_

In the case of an emergency, who should be notified?

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

I understand that Shireen Hasham does NOT accept insurance. I understand that I am responsible for payments agreed upon for the sessions. I understand that sessions may be in person or via video chat.

Responsible Party Signature Print name

\_\_\_\_\_

## Client Intake Form

Form is being completed by: \_\_\_\_\_

Client Last name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

### PRESENTING PROBLEM

Please state the reason/problem for seeking the service?

State any physical and emotional impact it has had on your health.

What steps have you taken to correct the problem?

Please give any other information that might be relevant:

I hereby request that Shireen Hasham provide services for me and/or my family.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



