Participation Agreement

Services Provided

Kimberly Penning provides the following services:

- Biofield Tuning

- Vibrational Sound Therapy (VST)

- Recovery Coaching

- Hypnotherapy

Client Information

The following information is collected to help provide the most appropriate care for you. Please answer honestly. Your responses do not determine your eligibility for services, but they do help guide your care. All information is confidential and protected under HIPAA regulations.

Name: _____

Address: _____ Apt ____

City: _____ State: _____ Zip: _____

Email Address: _____

_____ Initial if you agree to use email for communication

_____ Initial if you agree to receive a customized self-hypnosis MP3 via email

Preferred Phone Number: (_____) _____

_____ Initial if you agree to receive text messages

May I leave voicemail or text you at this number? _____

Age: _____ Marital Status: _____

Emergency Contact Name & Number: _____

Background Information

1. What is the main issue you wish to work on?

2. Medical conditions or challenges:

3. Are you currently under a physician's care? If so, please provide their name:

4. When was your last visit with a physician? Was anything notable?

5. Are you currently taking any medications? Please list them and any effects:

6. Have you discussed any of the offered services with your physician?

7. Have you used services like these before? If so, please describe:

8. Have you ever had mental health treatment? If yes, provide a brief history:

9. Are you currently receiving mental health treatment?

   a) If yes, name of provider:

   b) Have you discussed hypnotherapy or sound therapy with them?

10. Do you have thoughts of harming yourself or suicidal thoughts? _____

11. Were you referred to me? If so, by whom? May I thank them?

12. Briefly describe your spiritual/religious beliefs or life philosophy:

Issues or Areas to Explore

Check all that apply:

__ Stress
__ Forgiveness

__ Guilt or Anger
__ Relationship Issues

__ Trauma Recovery / Phobias
__ Job Performance

__ Low Self-Esteem / Shyness
__ Unwanted Habits

__ Lack of Motivation
__ Smoking Cessation

__ Body Image / Shape
__ Sports Performance

__ Spiritual Growth
__ Self-Confidence

__ Test Taking / Memory Improvement

__ Chronic Pain (assessed by physician)

__ Accelerated Healing (assessed by physician)

Other: _____

Agreement and Release of Liability

Like other healing modalities, Biofield Tuning, Vibrational Sound Therapy, Brainspotting, Hypnotherapy, and Regression are not exact sciences. To my knowledge, these methods have not resulted in harm and have provided significant benefits to many individuals. However, outcomes are not guaranteed.

As a participant in private sessions, classes, or workshops with Kimberly Penning, I agree to release and discharge Kimberly Penning and other participants from all claims of damages arising from my participation. Any dispute will be settled by binding arbitration through an agreed-upon mediation service. I understand sessions may be recorded and that Kimberly retains copyright to all recordings.

Signature: _____ Date: _____

Confidentiality of Information

All sessions are confidential, with the exception of the following legally mandated situations:

1. Knowledge of child abuse or neglect

2. Knowledge of elder abuse or neglect

3. Imminent danger of suicide

4. Imminent threat to others

5. Court order issued by a judge

6. Knowledge of a felony in progress or committed

In all other cases, written consent is required to release information.

Client Signature: _____ Date: _____

Practitioner Signature: Kimberly Penning, CADC, CHT Date: _____

Client Commitment Agreement

To support my own growth and well-being, I agree to:

1. Be an active participant in my healing process.

2. Recognize that my thoughts and actions affect my life experience.

3. Take responsibility for my physical, emotional, intellectual, and spiritual self-care.

4. Understand that I co-create my life with the knowledge and tools available to me.

5. Be on time for sessions and provide at least 24 hours' notice for cancellations. I understand late cancellations or no-shows will result in forfeiture of my deposit. Contact: (229) 630-5333

I understand that services provided are for educational and self-improvement purposes only. These services are not a substitute for medical or psychological care.

Signature: _____ Date: _____

Practitioner Signature: Kimberly Penning, CADC, CHT Date: _____

Session Fees

(Single Session Rates – Package rates available upon request)

- $100 – 60-minute session

- $150 – 90-minute session

- $200 – 120-minute session (Hypnotherapy – 3-session minimum)

Payment Methods Accepted

Payment is due at the time of service unless prior arrangements have been made. Accepted payment methods include:

- Venmo: @SoundBodyandMind (please verify before sending)

- Credit Card: Visa, MasterCard, American Express, Discover

- Cash: Exact amount preferred

Receipts available upon request. Payment plans and packages may be discussed individually.