



Zenia Mihevc MSW
A Little Zen
Counselling In & Out Of The Office

Private Practice Consent Statement

Dear Client,

I would like your informed consent for the services that are to be provided. This means that I would like you to understand the service I hope to provide you, the cost involved, and what I do with the personal information I obtain about you. If you have questions about any of this information, please ask.

Consent for therapy

1. I have agreed to be seen by the private practice of Zenia Mihevc MSW.
2. I understand the philosophy of psychotherapeutic services, the fees policy, and the limits of confidentiality.
3. I have been provided with an overview of the therapy procedures and services that will likely occur and I consent to therapy, with the understanding that I may terminate these services at any time.
4. I acknowledge that some of the therapeutic practices offered by Zenia Mihevc MSW occur outdoors in natural areas, and thus may entail unexpected risks, including: slips, trips and falls; falling objects; water hazards; exposure to temperature and weather extremes; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life. I further acknowledge that accidents or illness can occur in remote places where timely access to medical facilities and emergency treatment may not be readily available
5. I acknowledge that some of the therapeutic approaches may include yoga postures, breathing exercises and physical movement and with any exercise there is a risk of injury. I have consulted with a physician prior to embarking in any physical yoga or exercise practice with Zenia Mihevc MSW a release any and all liability for injuries that are directly related and proximately caused by their professional negligence.
6. I voluntarily assume a certain risk of injury.
7. I am aware it is my choice to participate in yoga, movement or outdoor activities with Zenia Mihevc MSW and when accepting of participating in any of these activities I will be responsible for the following:
 - Breathe smoothly & continuously as I move & stretch
 - Do not strain to attain any position
 - Work gently, respecting my body's abilities & limits
 - Do not perform postures or movements that are painful

My signature below indicates that I accept these policies and out agreed upon therapy plan.

Client Signature

Witness

Date

Consent for the cost of services

- I understand the cost for therapy and I am aware that I will be billed for therapy sessions that are missed without at least 24-hour cancellation notice. The fee for therapy has been set for \$135.00 per 50 minute session.

My signature below indicates that I accept these policies and out agreed upon therapy plan.

Client Signature

Witness

Date

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Consent for personal information

- I understand that to provide me with psychotherapeutic services, that the Zenia Mihevc MSW, will collect personal information about me (e.g., home phone number, address, therapy history, symptoms).
- I have reviewed the Privacy Policy of Zenia Mihevc MSW about the collection, use and disclosure of my personal information, steps take to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any question I have about the Privacy Policy and they have been answered to my satisfaction.
- I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.
- I agree to Zenia Mihevc MSW collecting, using and disclosing personal information about me as set out in the Privacy Policy of Zenia Mihevc MSW.
- I understand that my client file will be destroyed 7 years after the last session date of contact with the private practice of Zenia Mihevc MSW (exception include certain legal cases and sexual abuse cases).
- I do NOT want my family to have access to my file should I die or become incapacitated.

My signature below indicates that I accept these policies and out agreed upon therapy plan.

Client Signature

Witness

Date