



New Client Agreement and Disclosure

This disclosure provides important information to you about what I do, what I cannot do, my education and what you can expect.

Please review and sign. I will provide a copy for your information and will retain this form on file for three years.

1. Although I am a graduate of the following programs, trainings, and have extensive experience as a mindfulness and stress management practitioner— I am not a physician, psychologist, or therapist. As there is no credentialing process in place for mindfulness/ stress management practitioners, we have been part of the healthcare landscape for many years. The services that I offer are evidence supported with the intention to assist clients in restoring balance in the body; thereby creating the opportunity to improve your overall health naturally.

2. I have a Bachelor of Holistic Health Sciences from the International Quantum University for Natural Medicine. I am Board certified by the American Association of Drugless Practitioners. I am currently a Ph.D candidate in Integrative Medicine at Quantum University. None of the services for which I am qualified to offer should be implied or perceived as the practice of medicine, psychotherapy or offering of professional advice from a licensed medical professional.

3. I recommend that clients continue to see their regular medical doctors and follow their advice. My services complement regular allopathic medicine. Mindfulness and stress reduction is not a substitute for conventional medical diagnosis or treatment for any medical or psychological condition. For such issues, you should seek the proper licensed physician or healthcare professional. I do not make any promises, warranties or guarantees about results of my work or of the sessions. Everyone is different; the practices help many people but like any modality it won't work for everyone.

4. Fees-

1. The initial office visit is extensive and involves review of your history and issues as well as jointly creating a plan and goals for our sessions. Plan on 90-120 minutes and the fee is \$175.00
2. Normal office visits are 60-75 minutes in length and the fee is \$150.00
3. Video visits are 60-75 minutes in length and the fee is \$150.00
4. Workshops and group classes are scheduled and the fee varies.
5. Bundled series of sessions are available at a reduced price.

Acknowledgement and Consent to Receive Services

In order to use my services, please acknowledge receipt of the information provided in this form by signing it. I will keep the original in my records for three (3) years.

- I have read and understand the above guidelines and disclosure about the treatments and techniques offered by Greg Asbury as well as his training and education.
- I have discussed with Greg the nature of the services to be provided.
- I understand that Greg is not a licensed physician, and that alternative services are not licensed.
- I understand it is my responsibility to maintain a relationship for myself / my child with a medical doctor.
- I have consented to use the services offered by Greg, and agree to be personally responsible for his fees in connection with the services provided.

Print Name of client: _____

Print Name of person signing, if different: _____

Circle one: Self Parent Conservator Guardian

Signature: _____ Date: _____