

CLIENT AGREEMENT

Vision

It is my intention to provide services with respect, dignity, and compassion that seek to align your mind, body, and spirit. My goal for each interaction is to assist you in expanding your consciousness, through the experience of full contact with your life force – body, emotions, mind, will, and spirit so that you can gain a more in-depth experience of your authentic self.

Nature of the Work

The process you'll be engaging in is a body/mind approach meant to support you in experiencing your capacity for aliveness through mindfulness practices, physically moving blocked energy, and allowing insight and consciousness to unfold.

Confidentiality

All information you choose to reveal during sessions is held sacred and considered confidential. Information will not be released to anyone without your authorization unless you are an immediate threat to yourself or someone else. However, your information may be discussed for the purpose of supervision. Precautions will be taken to protect your identity.

Sessions

Sessions are generally 50 minutes in length. Due to the sensitive nature of the work, sessions occasionally go longer. They are conducted, by phone, video conferencing, and in person.

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Your Responsibilities

- Arrive on time for scheduled sessions.
- Be free of intoxicants.
- **Report any physical limitations**, discomfort, or concerns.
- Notify me of any concurrent “work” you are doing, i.e., healing work, groups or workshops.
- Notify me of any of the following changes: contact information, medical information, medication, physical limitations, living situation.
- Pay the agreed upon fee of \$____ per session at the beginning of each session. I accept Venmo and Zelle payment. You may also choose to pay for all your sessions at the beginning of each month.
- **Pay in full for sessions cancelled without 24 hours’ notice.** Please notify of appointment changes or cancellations by **phoning or texting** and leaving a message. Do not use email to cancel an appointment.
- If you need to speak to me urgently, please state that in your **phone or text** message. I will make every effort to return your call on the same day. If you are unable to reach me directly during an emergency, please go to your nearest emergency unit or crisis center.
- Should you decide to work with me after the assessment phase, (usually two sessions) you agree to schedule **two sessions for closure** before ending our work together.

I have read and understood the above. I agree to uphold my responsibilities. All of my questions have been answered. I take responsibility for choosing to participate in various aspects of this work on an ongoing basis. In other words, I may choose to opt-out of any experiential exercise offered at any time.

Client Signature (*Client’s Parent/Guardian if under 18*)

Date