



CONSENT TO RECEIVE SOMATIC SCIENCE® CONSULTATIONS

The success of our work together depends upon a high degree of trust between us. Therefore it is important that you are fully informed about what to expect from your sessions.

Unless you are seeking help for substance abuse, it is important that you avoid using narcotics, opioids or cannabinoids within 48 hours of hours of our meeting. Using such substances may render this re-conditioning ineffective.

Somatic Science®, Dialectical Inquiry, Somatic Experiencing®

We offer a form of goal-oriented, happiness-based and relationally attuned educational counseling with behavioral/performance coaching. It is **not** psychoanalysis, psychotherapy, psychiatry or social work. Our methodology is part of an integrated educational system supported by evidence-based, clinically validated approaches most likely to result in measurable positive outcomes. When deemed appropriate, I will suggest that we use Somatic Experiencing® trauma healing.

During initial visits the emphasis will be on understanding the nature of your personal situation and how to reach your particular goals within that situation. We will thus be creating a plan of how to accomplish your goals. Our sessions consist largely of an ongoing dialogue between you and myself about 1) challenging behavior that creates unhappiness, unhappy feelings or attitudes which may be deeply entrenched, 2) new behaviors, feelings or attitudes resulting in happiness that you might adopt; and 3) how you might adopt them. I will use my training, resources, and experience to help you identify, select, and accomplish these desired changes. Most of these changes will come from a greater regulation of your autonomic nervous system (ANS). The ANS is accessed via the inner workings, outer behaviors and felt sensations of your body, including images, memories, spontaneous movements and other aspects of your behavior. This therapeutic modality views experiences of illness, insomnia, anxiety, nervousness or depression as positive indications that your body/ANS is undergoing a healing process. This is to complete the discharge cycle of the sympathetic branch of the ANS.

You will be given homework assignments which help carry on our work between sessions. These assignments may include reading, keeping records of behaviors, feelings or attitudes, or experiencing activities such as new behaviors during social interactions or simple meditation - being with yourself. Any difficulties in accomplishing these assignments should be reported promptly so that we may together develop assignments that you will be able to accomplish.

I encourage you to ask questions at any time. The more deeply you understand what we are doing, the more effectively you will be able to cooperate with and accomplish the changes you desire. We will evaluate the effectiveness of our work on an on-going basis. **Somatic Science®** is designed as a rapidly effective re-conditioning approach. You should begin to experience positive changes related to your stated goals within 6 sessions. Should this not occur, we will together determine how to proceed.

Your persistence in working to reach your goals is the determining factor in how much you accomplish. In particular, the extent to which you are open and honest about yourself will determine how accurately I can assess your situation and recommend appropriate methods and goals. **Your willingness to be happy regardless of circumstances is the key to a successful outcome.**

There can be discomfort involved in participating in our sessions. You may remember unpleasant events, or have aroused intense feelings of anger, fear, anxiety, depression, frustration, loneliness, helplessness, or other unpleasant feelings. Homework assignments can at times be uncomfortable. You and your family and friends may need time to adjust to the changes that you make.

In addition to accomplishing your stated goals, there may be additional benefits to participating in our sessions, including greater maturity as a person, better understanding of personal goals and values, improved ability to relate to others, and greater self-confidence, self-respect, and self-acceptance.

Confidentiality

Your personal information shall not be divulged to anyone without your written consent in the requisite HIPAA-compliant form. I hereby reserve the right to notify you of my intent of informing the pertinent authorities should, during our interaction, I detect or become aware of suicidal behavior on your part. I will also inform you of my intent to notify authorities should I learn of any situation involving domestic violence, child or elder abuse of which you are an ongoing victim or perpetrator.

Medications and Medical Procedures

Somatic Science® practitioners are not physicians, and do not prescribe medications or perform medical procedures.

Fees

Except in cases of emergency, you will be expected to pay for appointments not canceled at least 24 hours in advance. Your appointment time is set aside specifically for you, and cannot usually be given to someone else with less than 24 hours notice. Payment is required in advance of our meeting, and this applies to all circumstances. We accept payment via Venmo® or Zelle® only.

Clients are charged by the hour for services. The long consult is \$180 for 80 minutes. Shorter visits are priced at \$160 for 50 minutes. A sliding scale is available for qualified full-time students, qualified seniors, POW/VFW and persons on disability or currently unemployed. Please ask for the sliding scale chart should you wish to take advantage of this option. Please fill out the sliding scale chart - form SC - and submit it with all other forms. The chart becomes part of our agreement and is thus incorporated into your consent.

I recommend that you keep a copy of this form, and refer to it from time to time during our work together. Please sign below to indicate that you understand and agree to the above, and consent to treatment.

I hereby certify that I have read and fully understand the entire contents of this form, and sign it freely and voluntarily without inducement.

Signature: _____ Date: _____ Parent's/guardian's name & signature if client is under 18 years of age: _____