

Life Contract Consent Form

I, _____ acknowledge and give consent to participate in this healing session being performed by the therapist. Client and therapist will utilize appropriately selected modalities pertaining to each specific session for that appointment day. The modalities are as follows: psychotherapy (supervision), bioenergetics, energy healing, Bowen therapy (trained) and all therapeutic interventions that are specific to occupational therapy (physical reconditioning and improving performance of daily activities). There is an intake form that you, the client, will fill out. You are under no obligation to disclose anything that is uncomfortable for you. There will be a set fee for each appointment that you are responsible to pay.

You, the client, agree to assume all risks and release the therapist from any and all liability for damage, injury whether occurring prior to, during and/or subsequent to the session.

- Suicidal thoughts and/or actions.
- Self-harm (physical, emotional, mental).
- Transfer or projection of emotions onto the therapist (rage, blame, doubt, romantic feelings etc.)

(Please check off the boxes to show you understand the seriousness of releasing subconscious materials.)

The healing sessions, at all times, is your responsibility and should you have a need to stop at any time, please do so. If you have any concerns from previous sessions and/or with the current session, do not hesitate to raise them as part of the healing practice. I, as the therapist, will maintain highest level of confidentiality regarding your experiences and will encourage your exploration within this supportive healing relationship. You are under no obligation to continue the therapeutic relationship and can terminate at any time. I, as the therapist, can do the same should I be unable to provide the healing experience for you.

You, the client, provide consent to have your information disclosed to my training supervisor until such time that I will not require supervision.

Client's Name: _____

Signature: _____

Date: _____

Therapist's Name: _____

Signature: _____