

Lisa Berman

Compassionate Healing

Holistic Health Practitioner, Life Coach, Teacher

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Mediation, Compassionate Listening

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INFORMED CONSENT

Welcome to my Compassionate Healing practice. In order to promote a trusting and productive counseling relationship, the following is provided for your understanding and consent.

My understanding is that disease, illness, and emotional dis-balance are messages from our soul, to bring us back to our true nature. Consequently each path is very unique and I will support you in an individualized way to gain greater physical, emotional and spiritual health and well-being.

The process: Each session is an enriching process of self-discovery, guided by the wisdom of your body and soul and facilitated by my reflection and inquiry. We will establish what you want to achieve. My approach is to explore with you and help release the traumas, beliefs and thought patterns that prevent you from being your true self. You will learn to understand your body-language and access your hidden potential. I will act as a facilitator and support you with the highest level of my professional skills.

You are fully responsible for working on the problems or issues that concern you. There is no guarantee that counseling will produce certain results. Change usually involves letting go of things that are familiar in order that new possibilities can emerge.

Our sessions don't substitute for other professional support, such as a physician and other experts.

Fees & Payment: My fees are \$ 100 per hour. I never charge for short "check-in" calls or scheduling coordination. Payment is due at the time of service unless otherwise arranged in advance.

Confidentiality: I highly respect confidentiality. All information disclosed during the counseling will be kept strictly confidential, and will not be revealed to anyone outside of my practice without your written permission. The only exceptions to your right to confidentiality are when you, the client, are deemed to be mentally incapacitated, an imminent threat to self or others, physically or sexually abusive to a minor child, elderly or disabled person. Should you choose to sign away your right to confidentiality to an attorney, insurance company, employer or other source, I cannot be held responsible for what that entity does with the information you give them access to.

I have read, understood and agree with the above Informed Consent.

Name (please print)

Signature

Date

Note regarding Seattle practice:

Lisa Berman's Compassionate Healing private practice and Aresu Kehlhofer's Psychotherapy business/private practice share space but are separate businesses. Also Aresu Kehlhofer does not supervise Lisa Berman.