**CLIENT AGREEMENT & RELEASE**

Before we begin, please read, and sign this agreement. This agreement sets the context in which you will achieve the outcome you want. It also covers some of the issues of laws governing our relationship.

**Integrative Somatic Practitioners**

1. Integrative Somatic Practitioners and the tools and techniques used within somatic practice, are alternative or complementary health care under the laws of a number of states: The person you will be working with is not licensed. That means that he/she is not a Medical Doctor, psychiatrist, psychologist, Masters in Family and Child Counseling, or a master’s in social work. Nothing that happens here should be construed as a substitute for the advice of a licensed person.

2. What to expect: Your alternative practitioner has been trained and certified in Integrative somatic practices and will be using somatic tools and techniques. The work will probably be different from what you might have expected. In total, we will not spend a lot of time talking about the problem, just gathering information about it. In fact, most sessions are spent on the things that will help resolve the problem.

3. This is the process: We begin with a client intake session that will be similar to a first visit with a doctor or therapist where much of your history will be reviewed. This is a question-and-answer process and lays a strong foundation of discovery in order to move forward. Then we will begin to apply some somatic techniques.

4. After the session: After each session you will have tools and techniques that you should put into your daily practice. The more work you do on your own, the more progress you will also see within your somatic sessions.

5. This is alternative or complementary health care and therapeutic work: Your Integrative Somatic Practitioner is a legal Complementary Healthcare Provider, and not a Medical Doctor, psychiatrist, psychologist, Masters in Family and Child Counseling, or a master’s in social work. The services you receive are not licensed in this state, nor or they regulated by a governmental body. The self-regulated holistic treatments and client-centered disciplines in which your practitioner is trained and in which she/he/they has experience including consulting and coaching specific to somatic practices. Your practitioner will always provide only those services in which they have been trained, and if they find that we cannot help you, they will refer you to a licensed person who can assist you.

**Integrative Somatic Work**

Integrative somatic practices and work brings many wonderful benefits:

Develop Bodily Awareness, increase mind-body-heart-spirit connection, ground, and balance, transform and release trauma, build the tools to improve yourself, reduce and manage pain, manage and increase your capacity to deal with life’s stressors, decrease symptoms of depression and anxiety, support symptoms associated with ADD/ADHD and Autism, release tension, release stuck negative emotions and help improve somatic symptoms effectively.

Additionally, this work can build self-esteem and confidence, provide fresh perspectives on personal challenges, enhanced decision-making skills, greater interpersonal effectiveness, and improvement in productivity and increase satisfaction with all your relationships (with yourself and others) as well as life and work.

Integrative somatic practice can also function similarly to coaching which is defined as partnering with clients in a thought-provoking and creative process that inspires them to overcome core issues and maximize their healing and human potential.

Integrative somatic practitioners honor the client as the expert in his/her /their life and work from this perspective as well as believe every client is creative, resourceful, and whole. Standing on this foundation, the integrative somatic practitioners’ responsibility is to:

* Discover, clarify, and align with what the client wants to achieve
* Encourage client self-discovery
* Guide the client through somatic healing techniques
* Help the client take responsibility for their outcomes and provide tools and resources for the client to continue the work in their lives independently

Your practitioner is a Certified Integrative Somatic Practitioner and is accredited by the Integrative Wellness Academy.

**Confidentiality**

We keep all information we receive from you confidential, and do not disclose it to

persons outside our company. All client information is kept strictly confidential and is for

our internal use only. (Importantly, we are required in some states to share information

about child abuse with state bodies who oversee such matters.)

**Your Choice, Your Responsibility**

During the sessions, we may offer you feedback and other ways of looking at any

and all presenting problems and their solutions for your consideration. You hereby agree that whatever we discuss is only our perspective and is not binding upon you, nor is it a prescription. If you want to discuss our suggestions with someone else, you should discuss them with a licensed health care provider. It is your responsibility to confirm whether or not any changes we made produced the desired results. It is your responsibility to communicate your results to us. Our liability is limited to the amount

paid for the work.

RELEASE OF LIABILITY

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an Integrative Somatic Practitioner dedicated to sharing their knowledge, tools, techniques, and resources with their clients.

I represent that I am in good physical and emotional condition and have no medical reason or impairment that might prevent me from gaining support, care, and guidance from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge my integrative somatic practitioner will not give me medical advice and their services are meant to be support in addition to any other medical professional’s treatments necessary, not in replacement of. If I have any physical mental health or medical concerns now or in the future, I must also discuss them with my physician or mental health professional and if requested, provide a release to my integrative somatic practitioner from my physician or mental health provider.

I, the undersigned, hereby release\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of your company) its officers, members, employees, representatives and agents from any and all liability and claims, demands, rights of action or action, which are related to, arise out of, or are in any way connected with the participation in coaching services that may arise.

Waiver Section of 1542. With respect to all matters, facts, events or occurrences herein, I expressly waive all rights under Section 1542 of the California Civil Code and any and all provisions, rights and benefits of any similar statute of any other jurisdiction. Section 1542 of the California Civil Code provides:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, of WHICH, IF KNOWN BY HIM, MUST HAVE MATERIALLY AFFECTED THE SETTLEMENT WITH THE DEBTOR.”

***(You will need to look up the specific code and language in your city)***

*I have carefully read and fully understand and agree to the foregoing statement and release.*

***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

If the client is under 18 years of age: I/we the undersigned, as legal guardian(s) and on the behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have carefully read and fully understand and agree to the release.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Information

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#:\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions, Injuries, Personal notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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