

Consent form

Please initial and sign the below statements so we are clear on the parameters of our session.

- I understand that Eva Angvert Harren is a Certified Integral Coach and also trained as a Somatic Experiencing Practitioner. She is in good standing with New Ventures West and the Foundation for Human Enrichment. _____
- I have not engaged Eva Angvert Harren for psychotherapy or bodywork. _____
- I give Eva Angvert Harren permission to assist me in investigating any Accumulated Stress I may have. _____
- I understand that Somatic Experiencing is a theoretical approach and has no empirical studies supporting its claims of benefit for the resolution to Accumulated Stress. _____
- I **give** Eva Angvert Harren permission to touch my body if she and I consider it appropriate while we are investigating any Accumulated Stress I may have. I understand that this touch is not intended to manipulate tissue and is non-sexual and is only used when necessary for the support of awareness. _____
- I **do not give** Eva Angvert Harren permission to touch my body during our session. _____

Cancellation Policy

24 hours notice of cancellation is requested or the full session fee will be charged. (Includes clients whose fees are paid by third parties who do not cover missed appointments)

Print Name _____ Signature _____

Date _____ Location _____

Please sign here to verify that you have read and understood the above information.

 Signature date

Confidentiality

You have the right to have your personal information protected from any public exposure so that you can be ensure privacy and the protection of confidentiality.

I may keep a journal in which I shall write few notes to myself concerning our visits. The notes will help me to track the general conversations we have had, while not being overly specific. My notes are descriptive in nature and do not analyze or diagnose. If you believe it is important for me to keep specific notes, please let me know.

Limits of Confidentiality

A client's confidentiality cannot and will not be protected:

- if a client threatens bodily harm to self or others
- if there is indication of child abuse
- if I am subpoenaed to testify in court

Please sign here to verify that you understand your rights to confidentiality and the limits, as well.

 Signature date

Client Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

In case of emergency contact:

Name: _____

Relationship: _____

Phone: _____