



## Intake Sheet and Disclosure Statement

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/e-mail \_\_\_\_\_

Insurance ID and DOB (Kaiser, Cigna, Regence, Aetna) \_\_\_\_\_

How did you hear about me/The Reiki Training Program?

What are the issues you would like to work on in today's session? (i.e. dealing with relationships, career, grief/loss, depression, physical ailments or other disorders, etc.)

Please also indicate how long these issues been occurring (i.e. is there a history of them or are they new?)

Have you ever received Reiki or guided imagery in a session before?

If yes, how long ago? \_\_\_\_\_ What was your experience like?

(Please use the back of this form if you require more room for your answers)

### **EMOTIONAL HISTORY**

Please list any traumatic events or life changes (job, relationship, etc.) you would like me to know about. How do you feel today?

### **PHYSICAL HISTORY**

Are there any accidents, injuries, and/or diseases that have occurred in the last 1-3 years that you feel I should know about? Is anything physical bothering you today?

# **Disclosure Statement/Session Guidelines/Fees**

## **Counseling Approach:**

My role is to provide assistance, insight, and sometimes challenges through that process of change. In order for our sessions to be effective that is my task to create a safe, non-judgmental environment in which one can begin to explore the thoughts, feelings, experiences and attitudes that have influenced their behaviors and decisions thus far. With this in mind, together we then can begin to set new goals and work towards creating a more meaningful and authentic experience of one's life.

## **Credentials and Experience:**

I have over 15 years experience as a social worker and counselor. As I am also a practicing Reiki therapist, I include energywork, sound healing and various meditation and visualization exercises into our session.

I received my Masters degree in Counseling, Education and Leadership from Montclair State University in NJ in 1997. I received my Licensed Mental Health Certification in 2010. For your benefit and my professional growth, I engage in regular consultation with colleagues. If I discuss your case, I will do so in such a way to insure your confidentiality.

## **The Counseling/Consultation Process**

People come to counseling because they want something to be different in their lives. They may want to change their personal or family situation, solve a particular problem, or simply bring a healthier balance to their lives. The counseling process can be fun and exciting. It can also, at times, be very challenging, difficult and even painful. However, the goal will always be to bring about some positive change.

At our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance. Throughout our work together, I will make every reasonable effort to professionally facilitate the resolution of your needs and concerns. Ultimately, you must decide to use what you gain from the counseling process.

## **Your Rights and Responsibilities**

You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. *Either of us may request a final session to discuss the reasons for termination, and to decide on an appropriate referral if desired.* Please inform me if you are seeing another counselor or mental health professional during the course of our work together, so that we may provide consistent treatment for you. You have the right to confidentiality in the counseling relationship as described in the next section. Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me no sooner than 24 hours before the appointment. *You will be responsible for payment for any missed or uncancelled appointments, except in the case of personal emergency.* Please be on time for your scheduled sessions, as other clients may have appointments with me immediately following yours. Note that if you are late, the session will still end on time, and you will still be responsible for full payment.

## **My Responsibilities as Your Consultant**

As a Licensed Mental Health Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the Washington Board of Examiners in Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy: *I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:*

*1. I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person.*

*2. If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease.*

*Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so.*

*3. In short, I have a “duty to protect” you and others from harm.*

*4. I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.*

## **Fees**

Regular Reiki Session (60 minutes) \$85.00 – Extended Sessions (75 minutes) \$105.00

Full-Time Students/Unemployed Reiki session (60 minutes) \$55.00

Regular Psychotherapy Session (50 minutes) \$125.00

***Fees are payable at the beginning of each session by check or cash. Make checks payable to The Reiki Training Program. Please have your check prepared in advance so that session time can be best utilized.***

Please sign below indicating that you understand all the information in this document.

**Signature:**

**Date:**