

Yanni
Masters in Counseling
Psychology

Client Consent Form

Agreement

The purpose of somatic self-awareness coaching is to develop and implement strategies to help you realize your potential and reach personal satisfaction. You understand that you should not construe our work as a substitute for diagnosis or addiction treatment. The information provided is intended for informational purposes only and not intended to replace a relationship with your physician or other healthcare professional.

Confidentiality

The content of your session is completely confidential and not shared with others unless someone is planning to hurt you, or you are planning on hurting someone else.

Comprehension

Change is a process that takes time. Some clients obtain results quickly while others find that it takes several months or longer. The frequency and length of the sessions depend on how you respond to our work together. In addition, the information that is imparted to you is intended to be educational in nature and helpful so that you become more aware of your health and well-being. Please use the information at your own discretion.

Session Responsibilities

When a session is scheduled, you agree to show up on time, as fully present as is possible, and able and willing to pay at the beginning or end of the session for all services rendered. Each session cost 125 US dollars. During any session, inform me immediately if you experience any discomfort.

Cancellation and Missed Sessions

If you need to **cancel** your session, please do so as soon as you know and **at least 24 hours** by texting 510-629-1320. If you miss a session or cancel with less than 24 hours notice, you are still responsible for full payment of the session. If an emergency occurs for either of us, the session may be rescheduled based on a mutual agreement (sometimes you will receive a free session if I was responsible for the cancellation).

Arriving or Calling Late

If you know you will be more than 5 minutes late to your session, please let me know as soon as possible. If you arrive 15 minutes late, the session will be rescheduled. Please remember you are still responsible for full payment of the session.

Termination

Ending counseling is supported for whatever reason and the goal is for the process of ending to go well. When you are ready to leave, please give advanced notice.

Signature: _____

Date: _____

Printed Name: _____