**Fully Mindful**

**Client Services Agreement**

Welcome to my practice. I look forward to working with you and teaching you how **Wellness Education** and **Mindfulness Based Stress Reduction** skills can enrich your life. This document (the Agreement) contains important information about my professional services and business policies.

When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time.

**EDUCATIONAL AND WELLNESS SERVICES**

I am a Registered Nurse and teach health and wellness within the scope of my nursing license. The health and wellness education I offer is not specific to a particular diagnosis, medical situation, or treatment plan. The information offered in my classes, sessions, seminars, and workshops is general health and wellness information and is not intended to take the place of or supersede the relationship, interactions, or treatment schedules and plans between you and your health-care providers.

Mindfulness Based Stress Reduction is a way of being, experiencing, and relating to our lives, which provides a sense of centering and clarity helping us deal with the day-to-day stresses that present in our lives. It is not psychotherapy treatment. I do not educate clients on mindfulness as a treatment for psychological disorders, but will make referrals as needed and when possible.

Mindfulness calls for a very active effort on your part. In order for our work together to be most successful, it’s very important that you work on things we talk about both during our sessions and at home. In fact, most of the progress you will make in our work together will be determined by how much you work on your goals in your life outside of our meetings.

Mindfulness can have benefits and risks. Since mindfulness often involves being with what is, unpleasant aspects of your life may present themselves to you, and you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, mindfulness has also been shown to have many benefits, and often leads to improvement in well-being. There are no guarantees of what you will experience, and I cannot guarantee any specific results from the educational services I provide. Results and change are inexorably linked to the effort applied to adopting and practicing Mindfulness techniques and skills learned.

**CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. While I am usually available between 9 am and 8 pm**,** I will not answer the phone when I am with a client.

When I am unavailable, my telephone is answered by an answering machine that I monitor frequently. I willmake every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available, and the best number at which to reach you.

**LIMITS ON CONFIDENTIALITY**

Your information and our work together will be held in confidentiality.

The phone line I have provided to you is a private cell line and all phone messages are confidential.

Use of email as a means of correspondence involves a certain degree of risk to confidentiality. As with any email interaction, there is a possibility that email may be intercepted in transmission over the Internet. I understand this risk, however, if I choose, I accept the risk of utilizing the option of communication for appointments, interactions, billing questions, etc.

There are situations that would ethically bind me to limit confidentiality. Your signature on this Agreement provides acknowledgment that you have read, understand, and have had the opportunity to discuss this information.

* I may occasionally find it helpful or necessary to consult health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential.
* If I believe that a client presents an imminent danger to his/her health or safety.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment. These situations are unusual in my practice.

* If I have cause to suspect that a child under 18 is abused or neglected.
* If I believe that a patient presents an imminent danger to the health and safety of another, I may be required to disclose information in order to take protective actions, including calling the police.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

**BILLING AND PAYMENTS**

You will be expected to pay your fee for each session at the time it is held.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a client is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim or charged to the client.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elizabeth Wickham RN

Owner, Fully Mindful