

The Integrated Self
Jacinda Phillips CET, LMT OR Lic#7201

CLIENT WORKING AGREEMENT

Name:

Date:

Phone: (# 1):

(#2):

Email Address:

Please read through this form, initial in the spaces provided and sign at the bottom. Feel free to ask if you have any questions.

1. CONTACTING ME

You can contact me by phone, text, or email. My office hours are Tuesday through Friday. I respond to messages within one business day. If I do not respond within one business day, please leave a second message in case the first one was inaudible or somehow lost. Currently I am unavailable outside of my office days and hours. If you are having a crisis during those times, please call the 24 hour crisis line @ 503-988-4888. If you are thinking of hurting yourself or are having thoughts of suicide, please call the 24 hour Suicide Prevention Lifeline @ 1-800-273-8255

_____(client initial) I have read, understood, and agree to the above mentioned communication policy

2. FEES AND CANCELLATION POLICIES

My fee is \$120 per 50-minute session. Payment is due at the time of service. I accept cash and credit/debit cards. My rate is the same for telehealth. This fee can be pro-rated for shorter phone sessions.

I have a 24-hour cancellation policy. For sessions canceled less than 24 hours in advance, I charge the full session fee. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

_____(client initial) I have read, understood and agree to the above mentioned fee structure and cancellation policy

3. PRIVACY AND CONFIDENTIALITY

Your privacy is very important to me and everything shared in our sessions is kept confidential. You should know that there are also 5 potential exceptions to that confidentiality - situations in which I would share select information about you and/or your process. I may share information disclosed in our sessions if:

1) *You ask me to.*

2) *I feel that you may harm yourself or another person.*

3) You disclose the neglect or abuse of a person, especially a child or vulnerable (elderly, disabled) adult.

4) I am bound by law to participate in a legal proceeding that requires me to share information.

5) I feel I can better help you through supervision with another counselor (a confidential conversation in which only your first name would be used.) Additionally, if we should see each other in a public or social setting, I will not initiate contact with you, out of respect for your privacy. If it seems comfortable and appropriate for you to initiate contact with me, you are welcome to.

Social media policy: I do not interact with my clients on social media, meaning, I do not “friend” clients or accept “friend requests” from clients on Facebook, Instagram, Twitter, or any other online social media forum.

_____ (client initial) I have read, and I understand that all information shared in my sessions with Jacinda Phillips will be kept confidential, and I understand the 5 possible exceptions to that confidentiality. I have read and I understand the social boundaries both in person and online.

4. WHAT TO EXPECT FROM BODY-CENTERED COUNSELING?

Holistic or body-centered counseling is more hands-on and experiential than traditional talk therapy. Sometimes sessions will be conversational and other times we will be working more actively with your body, voice, and emotions through various exercises. When appropriate for the situation and with permission from the client, I sometimes use touch or physical contact as a part of the therapy. Doing inner work and exploring one's mental, emotional, and energetic patterns can be a very deep and powerful process. I always endeavor to keep sessions emotionally and physically safe and I encourage you to let me know, at any time, if you need anything to feel safer or more comfortable in our work together. While uncommon, it is possible that significant emotional or psychological discomfort or disorientation, physical discomfort, or other symptoms may be experienced because of doing transformational personal work. If you currently have any emotional or physical sensitivities that it might help me to be aware of, please let me know.

_____ (client initial) I understand that I am engaging in an active, body-centered form of counseling that has the potential to produce effects such as changes or disturbances in my physical, mental, emotional or energetic state, or other symptoms. I choose to work with Jacinda with that knowledge and assume the responsibility for that choice.

5. CLOSURE AND FINAL SESSION

When the time comes to move on from our counseling relationship, it will be helpful to have a final session in which the therapy process and therapeutic relationship can be consciously ended. This session will also give you the opportunity to review what you have gained, set intentions for moving forward, and so on. If you are feeling ready to move on from our work together, let me know so that we can set up a final session.

Client Signature: _____ Today's Date: _____

Counselor Signature: _____ Today's Date: _____