



Please take a few minutes to read over and fill out these forms. They must be signed and submitted before we can begin our work together. If we are working together in person you can bring completed hard copies to our first session or I will have copies in the office for you. If you have any questions or concerns around signing any of these forms please let me know before our first session so we can have a quick chat and get things sorted before we begin!

Sign the forms by typing your name and the date into the fillable boxes. This is your electronic signature.

Checklist For a MAC

1. Open the Adobe Acrobat Pro/Reader application
2. On the Acrobat Reader menu, go to File->Open. Open the file from the location in which you saved it. The form will not work if you simply double-click it, unless Acrobat/Reader is already your default PDF viewer.
3. Read and sign all forms. (Waiver, Confidentiality, Electronic Consent)
4. Save the forms on your computer.
5. Send me an email with the forms attached. There will be an email button right on the top toolbar.
6. Follow the link to the contact/intake form. Click Send in the top right corner when it is complete.
7. Read over my Terms of Service.
8. Read over my Privacy Policy.



Sacred Healing

Holistic Healing
Specializing in Birth Trauma

Checklist for a PC

1. Open the Adobe Acrobat Pro/Reader application
2. On the Acrobat Reader menu, go to File->Open. Open the file from the location in which you saved it. The form will not work if you simply double-click it, unless Acrobat/Reader is already your default PDF viewer.
3. Read and sign all forms. (Waiver, Confidentiality, Electronic Consent)
4. Save the forms on your computer.
9. Send me an email with the forms attached. There will be an email button right on the top toolbar.
5. Follow the link to the contact/intake form. Click Send in the top right corner when it is complete.
6. Read over my Terms of Service.
7. Read over my Privacy Policy.

Email all forms to support@sacredhealing.org

Thank you!

Sarah



Client Information & Waiver Form

I acknowledge that Sarah Picken is a certified Energy Healer, and is in private practice for the purpose of providing mental/emotional/physical and spiritual support using various Energetic Healing Techniques.

I also acknowledge that Sarah is not a medical doctor and accordingly cannot and will not provide me with medical advice. I will rely on my own medical practitioner for medical advice. I will rely on Sarah only for the sharing of important skills and tools involved in increasing my mental/emotional/physical and spiritual awareness through the transfer of loving and compassionate knowledge and energy. I recognize that Energy Healing/Balancing are only two factors in the management of my health. I also recognize that ultimately it is up to me as to whether I choose to follow the sharing of information and skills provided by Sarah and that it may be advisable to consult with my medical professional prior to so doing.

I understand that Sarah cannot make guarantees as to the outcome of my treatment or a particular situation as each is different and I must also make a conscious effort to be open to change and growth, and the greater the willingness and desire the better the outcome may be. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefits of Sarah's services.

In consideration of the services, information, and support I have received or will hereafter receive from Sarah, I hereby hold Sarah harmless from any or all liability in consequence of such services, information and support given, and release and waive all claim for damage howsoever incurred or to be incurred, as a result of such services, information and support. I have read this release prior to signing and I understand its effect. I am aware that by signing this release I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators and assigns may otherwise have had against releases.



List treatments or medications you are currently receiving?

Medication or Treatment Type	Dosage or Frequency	When did they start?
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Client
Signature: _____ Printed Name: _____

Date: _____

Therapist
Signature _____ Printed Name: _____

Date: _____



CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

I will share limited information with the two body workers you will be seeing. This information will include any areas of the body where I have noticed emotional or physical restrictions and the type of birth and interventions you experienced (vaginal, VBAC, c-section etc). Sharing these details means you do not need to share your story and allows you to go to these sessions to relax unless you feel you would like to share. Please initial the box beside each name if you agree.

*** This is not mandatory, you can receive treatment without the practitioners knowing any details.***

Kat Binding- CranioSacral Therapist

Client Initial: _____

Kalee Mund- Ayurvedic Alchemist (massage)

Client Initial: _____

Is there any information you do not want me to share?



Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, I am required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

I am required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's' records.

I _____ agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Parent/Guardian if under 18):_____

Printed Name:_____

Date:_____



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Therapist Signature: _____

Printed Name: _____

Date: _____



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Electronic Communication and Social Media Consent Form

My primary concern is your privacy. Electronic communication is typically how much of our communication will occur, which means there are extra considerations and concerns about privacy matters. If you have questions about any of my policies, please bring them up when we meet and we can talk more about it.

Electronic communication is any form of communication using electronic means or devices. This includes but is not limited to Cell Phones, Texting, Emails, Social Media, Video Conferencing (Skype, google hangouts), among other forms.

If you choose to contact me electronically, or consent to me contacting you electronically, please be advised:

General Guidelines

- I cannot guarantee the privacy of electronic communication.
- Email, cell phones and other electronic means are not 100% secure or confidential.
- Electronic communication between you and I may become part of your client file.
- You can revoke your consent at any time.

Social Media Guidelines

- I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.
- I keep a Facebook Page for my professional practice where I will share blog posts, articles etc. You are welcome to view my Facebook Page and read or share articles posted there. If you choose to "like" this page please do so with the understanding that this is a public page and may compromise your confidentiality.
- You are welcome to join the Sacred Healing SECRET facebook group at your own discretion but please understand this group will be available to all of my clients so by joining you are letting the group members know you are a client of mine. No one outside of the group will be able to see what you share inside or be able to find the group without an invitation from me. If you would like to join please send me an email asking me to add you, and that will be added to your client file as a waiver of confidentiality that applies to that group only. Joining this group is not a mandatory part of our work together. It is a supplemental support should you choose to utilize it.



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- If our sessions are online, I will add you as a contact on Skype (or other video chat service) only for the duration of your sessions. I will delete your contact information when our work together is done. Video chat services cannot be guaranteed to be 100% secure or confidential.
- You are welcome to use your own discretion in choosing whether to follow me on Twitter. If you are concerned, there are more private ways to follow me (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. Note that I will not follow you back. I only follow other health professionals on Twitter and I do not follow current or former clients on blogs or Twitter. My reasoning is that viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during therapy.
- It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.
- Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your client file.
- If you need to contact me between sessions, the best way to do so is by phone or text, or direct email is best for quick, administrative issues such as changing appointment times.



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- I prefer using email only to arrange or modify appointments, or connect about other such logistical issues. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your client file.

I _____, am aware of the potential security risks with electronic communication and give consent for Sacred Healing to contact me through electronic means. I understand the policies around social media and agree to the risks outlined in this document.

****Please do not sign if you are not comfortable giving consent to electronic communication or would like to discuss any of these policies first.**

Client Signature : _____ Printed Name: _____

Date: _____

Therapist Signature: _____ Printed Name: _____

Date: _____



Please click below to fill in the intake form.

https://docs.google.com/forms/d/1WDydIWZrWG08y5nMOsWY1cn5F6LHI0oGy_3LBvcKxAk/viewform

You can view the Terms of Service and Privacy Policy at the links below.

[Terms of Service](#)

[Privacy Policy](#)