



## CONSENT FOR TREATMENT

As we navigate a course of treatment for your healing journey, I invite you to be an active participant. I, Virginia Felder, D.Min., am a licensed Marriage and Family Therapist, a Healing Touch Certified Practitioner, an Ordained Minister, a Spiritual Director, and am certified by The American Society of Clinical Hypnosis. Marriage and Family Therapy is a specialty which evaluates and treats emotional and mental conditions, whether cognitive, affective or behavioral. It is oriented toward resolving intrapersonal and interpersonal conflicts as well as shifting perceptions, attitudes and behaviors, all within the context of family systems. Marriage and Family Therapy includes, without being limited to: individual, group, couple, sexual, family and divorce psychotherapy.

Throughout the course of your therapy we will discuss the purpose, goals and expectations of treatment choices. I will draw on various healing modalities according to your needs and preferences. Although most clients notice some relief immediately, some experience an increase in symptoms for a period of time. My work is intended to be used in conjunction with other healing modalities. I do not advise you to discontinue any medical treatment you are receiving.

Some of the methods I offer are in the area of complementary and alternative medicine. This basically means they are designated as experimental and are not considered to be the “standard of care” (like vitamins and supplements) by the medical community. To become a Healing Touch Practitioner I have completed in depth training for several years through The Healing Touch Program. Healing Touch is one of a family of Energy Health modalities that blend contemporary and ancient healing traditions to provide relief from mind-body distress.

When appropriate, I may also employ the use of *Guided Imagery* (invoke pictures in your mind), aspects of *Gestalt Work* (talking with parts of your body), *Emotional Freedom Technique* (trauma release therapies), *Hypnosis* and *Intuitive Sensing*. If we choose to use *Healing Touch* (various methods done with hands off or slightly touching the body; working with your energy field), you will remain fully clothed. You will be asked if you prefer light touch or no touch at all. I will assess and balance your energy field and focus on removing blockages and congested areas with your consent and assistance.

Our work together is confidential. Except in rare cases in which someone’s safety is in danger, any and all information you share with me will be kept confidential unless you request a release of information.

I hereby acknowledge that I have read this *Consent for Treatment* and understand the nature of our work together.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_