

NEW CLIENT WELCOME & AGREEMENT

Welcome! I am delighted at the prospect of partnering with you. This agreement is to clarify our understanding of how we will work together.

Basic Shared Agreements:

- Our initial phone conversation was designed to assess if we are a good fit for each other.
- Each session is approximately 90 minutes to 2 hours long, and takes place in person, by phone, or Skype (or other video conferencing format) as agreed.
- Individual Sessions or Packages will be billed to your credit or debit card when scheduling. Our first conversation will provide you a sense of whether you want to begin our therapeutic mentor-coaching relationship, and which Packages will be right for you.
- I will be available for your sessions free from distractions and respectfully request that you do the same if we are not meeting in person.
- We agree that we will maintain our scheduled commitment at the mutually agreed time for our sessions and if we have to reschedule, will give a minimum of 24 hours notice.
- If you miss your appointment without notification or rescheduling, that session will be considered used.
- Fees are non-refundable should you decide to discontinue the process. If you find yourself unable to use sessions in your purchased package, you may place remaining sessions on hold, and use your credit for unused sessions within 3 months. If you are on a payment plan and do not maintain your payments, the program you engaged will be forfeited.
- On the way to creating your desired outcomes, I welcome communication between our meetings via email (ginavantastic@gmail.com) or brief phone calls.
- If phone calls or emails require significant time (10 minutes or more), or become a regular part of our work, there will be a charge for them based on time used.

I will meet/call/Skype at our agreed-upon time, and understand that I am responsible for any long-distance charges. I have read and agree to the working agreements above, and will honor them during our therapeutic mentor-coaching relationship.

Client (Print/Sign)

Date

PRACTICE DISCLOSURE Practitioner (Gina Vance) agrees to provide professional services in accordance with acquired training and experience giving undivided attention during scheduled sessions to facilitate Client's (your) benefits. Services provided incorporate life coaching, mindfulness, guided imagery, hypnotherapy, meditation and other mind-body methods to help you discover your inner creative abilities in order to create desired results and transform unwanted habits and behavior patterns. Therapeutic goals are to achieve freedom from restrictive patterns of thought, to assist in solving personal problems, and to develop motivation and achieve desired results. You may be taught the use of self-hypnosis techniques to assist in achieving goals and resolving issues that we mutually agree upon.

The principles and theories upon which life coaching, mindfulness, guided imagery, hypnosis and other mind-body skills are based are: accessing and utilizing the power of your inner resources. These can transcend limitations and facilitate acceptance of new learning, and new response patterns that you desire. Gina Vance utilizes interviews, discussion and mind-body methods dealing with underlying issues whenever appropriate, with the intention to achieve effective and lasting results.

Services provided do not include the practice of medicine. These services are non-diagnostic and are complementary and adjunctive to the healing arts services that are licensed by the state. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. The primary purpose of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Accordingly, Life Coaches, Hypnotherapists, Guided Imagery Practitioners and Mind-Body Skills educators are not issued licenses by any State Governmental Agency to engage in their professional services.

I, Gina Vance, have acquired the following education, training, experience and qualifications to perform the services offered to my Clients:

SPECIALIZED TRAINING/CERTIFICATIONS (Partial List)

Certified Life Coach, Registered Behavioral Therapist, Certified Master Hypnotherapist, Certified Clinical Hypnotherapist, and Alchemical Hypnotherapist. Apprenticeship program as teaching assistant. Certified by the Academy for Guided Imagery as Interactive Guided ImagerySM Practitioner, Center for Mind-Body Medicine, HealthRhythms® Trained Facilitator. (See website for more complete list).

I, the undersigned Client acknowledge that I have been advised of the foregoing information, and that I have been given a copy of this "Practice Disclosure" form.

Client's Signature _____ Date _____

Practitioner's Signature _____ Date _____
(Gina Vance, CCHT, CLC)

STATEMENT OF INTENT

Please read the following and sign below if you agree to each statement and wish to proceed:

- I understand that Gina Vance is not acting as a psychotherapist, and I understand that the life coaching, hypnotherapy and mentoring services I will be receiving from Gina Vance are not offered as a substitute for mental health care.
- I understand that Gina will maintain the confidentiality of our communications to the extent defined by the laws of the states in which each of us resides.
- I understand that all comments, exercises, activities and recommended resources offered by Gina Vance are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to Gina to assist me in achieving such goals.
- I hereby release, waive, acquit and forever discharge Gina Vance, her agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or compensation for damages I may claim to have, or that I may have arising out of actions, omissions, or commissions taken by myself or by Gina Vance as a result of the information and activities or otherwise, resulting from the therapeutic mentor-coaching relationship contemplated hereunder. I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me to enter into this release. The release made pursuant to this paragraph shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

I have read the statements above and I understand and agree with the points contained therein:

Client (Print/Sign)

Date

CONFIDENTIALITY AGREEMENT I am committed to honoring your privacy. The conversations that we have within our sessions are confidential and will be protected as such. However, California law sometimes requires me to release certain information. Information will be shared outside of our sessions only with your written consent, or if a court judge demands it.

I will do everything possible to maintain your confidentiality, within the confines of the law. Both verbal information and written records about you/our work together will not be shared with another party without your written consent.

The following are instances where I would be obligated to break our confidentiality agreement without your permission:

1. If it is assessed during your participation in therapeutic coaching and mentoring sessions that abuse or neglect of children or elders is occurring.
2. If in my presence you threaten to kill or harm another individual, and I am convinced that you will act on this threat, or that you may lose control of your actions.
3. If at any time during the course of our sessions, I determine that you are a danger to yourself, I will inform you of that opinion and make every effort to keep you from endangering your life. In some cases this may include notifying the police or family members.
4. I receive a subpoena. (If you expect this, please let me know).

Client (Print/Sign)

Date