



YOGA THERAPY CONSENT & RELEASE OF LIABILITY

I. Personal Disclosure Statement & Informed Consent

Welcome to Sacred Space Northwest. I am Sarah Wildwood, Registered Licensed Professional Counselor Intern and Yoga Alliance Registered Yoga Teacher with 500 hours of training in Vinyasa Yoga and additional & ongoing training in Yoga for mental health.

Philosophy and Approach

I believe wellness requires the intentional and continual integration of mind, body & spirit. In my Yoga practice, I have experienced the power of mindful movement, breath work, and meditation to bring this about. As a mental health counselor, I have seen how these elements gracefully compliment the counseling process.

My goal is to help each client integrate mind, body, and spirit by using interventions that promote this. This is why I offer and recommend Yoga Therapy as a form of Counseling. My approach to Yoga Therapy integrates meditation, breath work, body awareness, somatic Psychotherapy, and gentle, mindful movement through Yoga Asanas (postures) to promote emotional, physical, spiritual, and psychological healing. In Yoga Therapy, we begin with the body in connecting with psyche, spirit, and emotional expression. Sessions include opportunities to describe physical, energetic, and emotional sensations, and engage with memories and emotions that arise. I encourage clients to focus on their experience in each moment and talk about anything related to this present and embodied process. Sometimes, memories or flashbacks occur, especially if clients are intending to process and heal from traumatic events. We process these in session as much as each client chooses, and continue talking through these experiences in counseling sessions as well.

Education and Training

I hold a Bachelor of Arts in Philosophy from Westmont College in Santa Barbara, CA and a Master of Arts in Counseling with an emphasis on Spiritual Integration from Multnomah University in Portland, OR.

I am a 200-hour Registered Yoga Teacher with the Yoga Alliance, having completed my teacher training at Core Power Yoga in 2012. I completed an additional 300-hour Yoga Teacher Training at Yoga Riot in Sellwood in 2016 (a non-YA certified training). I have been a dedicated and regular practitioner of Yoga Asana over the past 10 years. I have applied the theory and techniques of Therapeutic Yoga to my own process of physical, psychological, and spiritual healing. I have completed courses in the following areas of relevant to Yoga Therapy: Spiritual integration in counseling, dance & movement therapy, mindful and trauma-informed Yoga, building mental/emotional resilience through movement and breath. I am independently studying Yoga Therapy, continually seeking consultation and additional training.

I am receiving specialized training in body oriented therapy modalities by my clinical supervisor, Katrina Gould, LCSW, a practitioner of Sensory-Motor Psychotherapy, Hakomi Therapy, and Somatic Experiencing. Katrina can be reached at 503-702-0877. As a prospective licensee, I will abide by the Oregon Board of Licensed Professional Counselors and Therapists' Code of Ethics.

Therapeutic Yoga Services

I work with adolescent and adult individuals. I typically see clients once per week for 50 minutes. In the initial Therapeutic Yoga session we will discuss what drew you to Yoga as a mental health intervention. We will set some specific goals and develop an idea of how our sessions will be structured in relation to any other work we may be doing together. You have the right to begin and end Yoga Therapy whenever you wish. It is important to remember that termination of any therapy is a key part of the transformational process and ought to be done in session rather than over the phone or by e-mail. Ending well is an important part of the personal and professional growth process.

Therapeutic Yoga sessions include, but are not limited to: Mindful and restorative Yoga, breath work, relaxation techniques, and the exploration of Asana for your physical, mental, emotional, and spiritual needs and goals. In addition to Yoga Therapy, I offer individual mental health counseling and mindfulness coaching. These sessions are

uniquely designed to compliment and support the counseling process, when utilizing both therapies.

Confidentiality

Because I am a mental health counselor, I maintain HIPPA compliance and client confidentiality across the board. As a counselor, it is important that I maintain the highest standard of ethics. For this reason, I facilitate extensive communication around clients' treatment goals and interest in alternative therapies. It can take some time to decide if Mindfulness or Yoga Therapy are a right fit. Clients may choose to add these alternative therapies in at any time; as well as discontinue them at any time. I may recommend one or both at whatever point it becomes clear that these could be helpful interventions in the course of mental health treatment. True of any recommendation, the choice is ultimately the client's. When clients do decide to integrate movement and mindfulness offerings into their treatment plan, we talk about roles, boundaries, expectations and concerns related to receiving multiple services from the same practitioner.

It is important that the Therapist-Client relationship remain professional in order to protect your confidentiality and privacy rights. Therefore, if we meet one another in public I will not acknowledge you and if you choose to greet me I will respond in kind but will not disclose myself as your therapist.

Also all communications between clients and myself will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone unless you give written authorization to release the information. The exceptions include:

- You disclose the intent or plan to harm yourself or others
- You disclose any reason to suspect child abuse, elder abuse, or dependent adult abuse.
- In legal situations, when court-ordered by a judge, I am required to disclose information to comply with the law

- Your case may be discussed in the context of clinical supervision in order to ensure that you receive the best possible care.

Crisis:

I am in the office on Tuesdays and Fridays, but can be reached by e-mail, phone, or text Monday- Friday.

e: sawildwood@gmail.com

c: 503-912-4392

I monitor my email on a regular basis, with the exception of weekends and holidays, and will make every effort to return your email as soon as possible. If you are unable to reach me and your situation is urgent, call your doctor or the Multnomah County Crisis Line at 503-988-4888 or call 911. You can also go directly to an emergency room.

Fees

I charge \$90 for a 50-minute Therapeutic Yoga session. Payment is due by the end of each session. I am unable to bill insurance. I accept cash, checks, and all major credit cards. I offer a sliding-scale fee option through Open Path Psychotherapy Collective to those who would not otherwise be able to afford my services. I have a limited number of sliding scale client spots and reserve the right to terminate a sliding-scale fee agreement based on the frequency of missed or late-cancel appointments.

Missed or Changed Appointments & Timeliness

When you are late for an appointment, the session will still end at the scheduled time. If you are more than 20 minutes late then we will need to reschedule. I make every effort to be here for you and expect you to make every effort to be here as well. If it is necessary to change or cancel your appointment, please let me know at least 24-hours in advance. If you do not cancel or reschedule within the 24-hour window, you will be charged your full appointment fee. As a client of a Licensed Professional Counselor Intern in the State of Oregon, you have the following rights:

- To expect that the intern/licensee has met minimal qualifications of training and experience required by state law

- To examine public records maintained by the Board and to have the Board confirm credentials of a counselor.
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board of Licensed Professional Counselors and Therapists.
- To be informed of the cost of professional services before receiving services.
- To be free from being the object of discrimination based race, religion, gender or unlawful category while receiving service.
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the aforementioned exceptions to confidentiality.

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason, you are dissatisfied with my services, please let me know. You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.

II. Release and Waiver of Liability

_____ I understand that I am participating in Yoga as a form of therapy, offered by the Therapist, who is a Yoga Alliance Registered Yoga Teacher and a Licensed Professional Counselor Intern with extensive training in body-oriented Psychotherapy and trauma-informed Yoga.

_____ I understand that Yoga Therapy requires some physical exertion and I have no medical condition which would prevent me from safely participating. It is my responsibility to consult with a physician prior to and regarding my participation. If I have consulted a physician, I have taken the physician's advice.

_____ I am aware that participation could, in some circumstances, result in abnormal blood pressure and heart rate, fainting, and physical injury. I understand that I could experience pain, or injury during participation. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my ongoing responsibility to inform the Therapist of any previous medical conditions, injuries or surgeries prior to each session.

_____ I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation.

_____ I knowingly, voluntarily and expressly waive any claims I may have against Sarah Wildwood DBA Sacred Space Northwest or Cypress Beauty and Wellness LLC for any injury or damages that I may sustain as a result of my participation in Yoga Therapy.

_____ I am aware that by signing this release and waiver of liability, I am giving up the right to sue and certain legal rights that heirs, next of kin, executors, and administrators may have against the Therapist.

Yoga Therapy Consent & Release of Liability Acknowledgement of Receipt

_____ I have read and fully understand the information provided to me by Sarah Wildwood, DBA Sacred Space Northwest in her Professional Disclosure Statement, Informed Consent, and Release of Liability form. I acknowledge that have received this document.

_____ I acknowledge that I have carefully read this document and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein.

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature (if Client is under 18):

_____ Date: _____