



## **WELCOME PACKET**

### **Holistic Healing & Bodywork Partnership Agreement & Notice of Privacy Practices Form**

Welcome to Harmony For Life®! We look forward to working in partnership with you. The **Holistic Healing & Bodywork Partnership Agreement & Notice of Privacy Practices Form** (in its entirety) and the **Client Contact and Billing Authorization Form** (in its entirety) both must be completed, signed, dated, and returned to us via fax, US/Worldwide Air Mail, or in person at our New Mexico office location before we begin our first Illumination Session together. Please take care to retain copies of both forms for your records.

#### **About Holistic Healing & Bodywork**

Healing is not synonymous with fixing, curing, or even the elimination of an identified stressor or toxin. Instead, healing is the state of transformation where clients willfully choose to experience life and themselves more harmoniously.

Healing entails wholeness of being as a result of the client's refined understanding of their intentions, thoughts, actions, and reactions. We offer a holistic or total person approach to experiencing transformational healing. We encourage attention to nutrition, physical fitness, emotional and spiritual development—all as critical aspects of total well-being and overall harmony.

When you participate in our holistic healing & bodywork program, you can experience a variety of unique physical bodywork and/or life energy/healing processes. Harmony For Life® associates offer physical bodywork, including Swedish and Esalen connective tissues and muscle massage, joint mobilization, lymphatic system cleansing, injury rehabilitation, and sports massage for performance enhancement, and muscle reprogramming. These physical bodywork services are offered in person at our New Mexico office location or on site at your location. They are offered either separately or in conjunction with energy work.

Utilizing the modalities of energy work such as polarity therapy and chakra and meridian rebalancing, reflexology, as well as other modalities, we offer unique life energy/healing experiences for both long distances, as well as in person. Holistic healing services are offered solely by Scott, and holistic healing and bodywork services are offered by Harmony For Life® associates.

## Policies and Procedures for Holistic Healing & Bodywork

As a holistic healing & bodywork client, you have certain rights that are important for you to know about because our work together—and your well-being—belong to you. In addition, there are certain limitations to those rights of which you need to be aware. As holistic healers and bodyworkers, Scott Bergér and Harmony For Life® associates have corresponding responsibilities to you.

### Our Responsibilities to YOU

#### I. Confidentiality

I am committed to confidentiality in our work together. Please note, however, that there are certain exceptions to confidentiality as mandated by law and/or professional/ethical guidelines. I cannot and will not tell anyone else what you have told me, or even that you are a holistic healing & bodywork client working with me and/or Harmony For Life® associates without your prior written permission.

You may direct me to share information with whomever you choose (such as other healthcare providers or related professionals), and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend or participate in a holistic healing & bodywork session with you.

The sharing of your confidential information will only take place after both **you/and I/we both/all** have completed, dated, and signed a **Client Consent for Release of Information Form**, which authorizes in writing your permission to exchange or share specific information.

This form specifies the nature of the information to be disclosed, the person authorized to disclose the information, to whom the information may be disclosed, and the specific purposes for which the information may be used, both at the time of disclosure and at any time in the future.

I may occasionally find it helpful to consult with other colleagues about holistic healing & bodywork client situations. During such consultations, I do not reveal the identities of holistic healing & bodywork clients. The other professionals with whom I consult also are legally bound to keep this information confidential.

On your **Client Contact and Billing Authorization Form**, you have the opportunity to specify the method by which you prefer to be contacted and how I can leave you a confidential message if unable to reach you directly. In addition, you will designate a contact person or place to contact in case of emergency.

If you elect to communicate with me by e-mail at some point in our work together, **please be aware that e-mail is not completely confidential**. All e-mails are retained in the logs of your or my Internet service provider. While under normal circumstances, no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

Any e-mail I receive from you, and any responses that I send to you, will be printed out and kept in your holistic healing & bodywork client file, which is securely locked in our New Mexico office location. After printing out and securely filing and locking such e-mail correspondence, we will immediately delete it from our office computer.

Please note that if you have elected to electronically purchase sessions for any Harmony For Life® program(s) with us directly as merchants who facilitate electronic billing via credit cards, all billing statements will list your transactions as “Harmony For Life®,” and will not identify the specific program(s) and/or services purchased.

## **II. Exceptions or Limits to Confidentiality**

As a holistic healer and/or bodyworker, on behalf of myself, Harmony For Life®, and all associates, I/we adhere to the Good Samaritan laws, which are laws protecting from blame those who choose to aid others who are injured or ill. These laws are intended to reduce bystanders’ hesitation to assist, for fear of being prosecuted for unintentional injury or wrongful death.

In compliance with the Minnesota Board of Psychology, New Mexico Counseling and Therapy Practice Board, the American Holistic Health Association (AHHA), the US Department of Health and Human Services Privacy Practices for Protected Health Information (HIPAA), and the policies of Harmony For Life®, **Harmony For Life® associates and I will report the following based upon the information that you have communicated about yourself or others:**

If I have reasonable cause to believe that a child (children) or vulnerable adult (adults) is (are) being subjected to abuse, neglect, or exploitation, I must inform the appropriate Child/Family Protective Services and/or Adult Protective Services as soon as possible.

If I have reasonable cause to believe that you present a threat or harm of imminent, serious physical violence against a readily identifiable individual, I must take protective actions, such as attempting to inform that person to warn them of your intentions, contacting the police to ask them to protect your intended victim, or seeking hospitalization for you.

If I have reasonable cause to believe that you present a threat or harm of imminent, serious physical danger to yourself. I will make every effort to discuss this situation with you and to obtain your willingness to take the necessary steps to guarantee your own safety and well-being. If you are unable or unwilling to guarantee your own safety and well-being, I will take the appropriate action of contacting a crisis team, which may include the police or other professionals in your geographical area who can assist in securing your protection or seeking hospitalization on your behalf.

In addition to the aforementioned exceptions to confidentiality, I also may be required to disclose or provide information about you if:

You are involved in a court proceeding and I receive a written authorization from you or your legal representation or a court order.

A government agency is court ordering me to release specific information for health oversight activities.

You file a complaint or lawsuit against me, at which point I will take the necessary steps to defend myself.

## **For Minors and Parents**

Holistic healing & bodywork clients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child’s holistic healing & bodywork file/records—unless we decide that such access is likely to injure the child, or we (parents and holistic healer/bodyworker) agree (in writing) that parents will not be accessing their child’s file/records.

Because privacy in holistic healing & bodywork is often crucial to successful progress, particularly with teenagers, Harmony For Life® may request a written agreement from parents, whereby they consent to receive only general information about their child's holistic healing & bodywork progress and attendance.

Harmony For Life® and I also will provide parents with a summary of their child's holistic healing & bodywork sessions once these services are completed.

### **III. Record Keeping**

The Holistic Healing & Bodywork Program at Harmony For Life® is based on a holistic wellness model. As such, and as a holistic healer, and on behalf of Harmony For Life® and our holistic healing and bodywork associates, I do not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If you are seeking diagnoses, I encourage you to contact the appropriate licensed healthcare provider, and I am happy to assist with referrals and related coordination of care.

Diagnoses are technical, medical-model terms used to describe the nature of one's short-term or long-term problems. Upon your request, I will discuss with you the relationship between our holistic wellness-based approach toward your situation and how it might be interpreted utilizing a medical or disease-based model. Upon request of your managed healthcare system or insurance provider, I am happy to assist in continuity of your care via a signed client release, etc.

I do keep very brief records, noting only your attendance, topics discussed and addressed, and any pertinent points related to your overall goals, progress, and process. You have the right to request a review or copy of your records at any time. Typically, I will ask that we meet or discuss them together, to promote optimal understanding.

The client session and billing records we maintain are the physical property of Harmony For Life®. The information in such records, however, belongs to you. You also have the right to request that your client records be amended to correct incomplete or incorrect information by delivering a request to us. We may deny your request if you ask us to amend information that is not part of the information kept by our office, is not information that you would be permitted to inspect and copy, or information that is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

### **IV. Client Rights**

You have the right to be treated with dignity and respect without regard to your race, national origin or culture, religion, spirituality, gender, age, sexual orientation, or disability.

You have the right to participate in the holistic healing & bodywork program (and ANY of the programs at Harmony For Life®), knowing that I do not, will not, and cannot have a sexual relationship with any clients whatsoever.

You have the right to ask questions about any aspect of our work together in the holistic healing & bodywork program. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You also have the right to receive reasonable notice of changes in services or charges. I am open to your suggestions and ideas. If Harmony For Life®, our associates, or I are not the right fit for your holistic healing & bodywork needs, you are free to request that I refer you to someone else and/or end our working partnership at any time.

You have the right to participate collaboratively in the holistic healing & bodywork process as an integral partner, without fear of reprisal. If you are unhappy with any aspect of the holistic healing & bodywork process, please let me or Harmony For Life® associates know so that we can respond to your concerns with care and respect.

You have the right to know that I will respond to all e-mails and voice mail messages as soon as possible. If I am going to be away from the office for an extended period of time, I will inform you well in advance.

Emergency phone calls of less than ten minutes are typically free. However, if outside of our regularly scheduled session times, we spend more than ten minutes per week on the telephone, if you leave more than ten minutes worth of phone messages per week, or if I spend more than ten minutes reading and responding to e-mails from you per week, I may bill you on a prorated basis for that time.

## **V. Client Responsibilities**

You are responsible for commencing your session on time and at the time we have scheduled. All sessions are 50 minutes long, unless we have made arrangements to conduct 30-minute, 75-minute, 90-minute, or two-hour-long sessions. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice (and no illness/emergency), Harmony For Life® reserves the right to bill you for the missed session. If we decide to meet for a longer session than initially scheduled, I will bill you prorated on the 50-minute "hourly" fee.

Harmony For Life® requires pre-payment for all program services, including holistic healing & bodywork, that are not in-person sessions at our New Mexico office location. For clients receiving in-person sessions at our New Mexico office, we accept payment at the time of service.

You are the driving force behind your participation in the holistic healing & bodywork program. To further ensure ongoing continuity of care, open communication, and in keeping with our commitment to a "whole person" approach, please inform me if you have experienced, are experiencing, or anticipate that you will experience any significant changes in your health and well-being.

If you are experiencing an emergency when I am out of town or away from the office, please consider visiting your local hospital or emergency room, local crisis clinic, calling your local 911-emergency phone number, or local crisis telephone helpline.

## **Client Informed Consent/Acknowledgment of Receipt of Holistic Healing & Bodywork Partnership Agreement & Notice of Privacy Practices**

I have received and read the Client Bill Of Rights and this Holistic Healing & Bodywork Partnership Agreement & Notice of Privacy Practices Form and understand the policies and procedures set forth by Harmony For Life® and Scott Bergér, CC.

Specifically, I understand my rights and responsibilities as a Harmony For Life® holistic healing & bodywork client and participant, as well as Scott Bergér's responsibilities to me. I agree to participate in holistic healing and related services with Scott Bergér, CC. I know that I can end these services at any time. I also agree to pre-pay for all services, unless I am receiving in-person sessions at the New Mexico office location, which are payable at the time of service. I am over the age of eighteen.

I understand that the state of New Mexico has not adopted any educational and training standards for holistic healers and related unlicensed complementary and alternative healthcare practitioners. Statements related to Scott Bergér's professional credentials for holistic healing and related modalities are for informational purposes only.

I understand the nature of the services that I will receive, and I give my consent for receiving holistic healing & related services from Scott Bergér, CC and Harmony For Life®.

I release Scott Bergér, CC and Harmony For Life® from any and all claims of any kind, including malpractice, nondisclosure, or lack of informed consent. I freely assume any and all risks of receiving holistic healing & related services whether presently contemplated or hereinafter discovered. This acknowledgment and release applies to any services now or hereafter. I understand that Harmony For Life® holistic healing and bodywork associates may also provide me and other clients with additional or alternative client forms and information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(upon receipt of faxed or mailed client forms—or in client's presence at our New Mexico office location).

### **NEXT STEPS...**

Thank you for signing and dating the **Client Informed Consent/Acknowledgment of Receipt** portion of this form. Please take time to tell me more about YOU in the **Client Information** section.

## **Client Information**

Along with Harmony For Life® holistic healing and bodywork associates, I am committed to offering you a holistic or “total person” approach when you partner with Harmony For Life®. To support and assist our work together, please complete this form and return it to me via fax, US/Worldwide Air Mail, or in person at our New Mexico office location before our first Illumination Session together. This form is confidential. This information cannot and will not be given to anyone without your written authorization.

Please respond to these questions honestly and with the intent of providing me with as thorough a picture as possible of you and your unique situation. If any of these questions are difficult to answer or not applicable, please note this on your form.

I am committed to assisting you in identifying, clarifying, and taking proactive, strategic action to illuminate and reduce disharmony and its influence in your life. Your time, thoughtfulness, and honesty are greatly appreciated—and are an integral part of co-creating the optimal experience for you at Harmony For Life®.

### **About you...**

What is your main reason for seeking holistic healing and/or bodywork now?

What goals do you want to accomplish through holistic healing and/or bodywork?

Have you ever received or are you currently receiving services from professionals in the fields of traditional/allopathic medicine, integrative medicine, alternative medicine, complementary medicine, holistic healing, healing arts, life counseling, life or business coaching or consulting? If so, please describe.

Have you ever been hospitalized? This may include, but is not limited to, medical/physical and/or psychological/psychiatric reasons. If the answer is yes, please describe when, where, and circumstances.

Have you experienced any major illnesses, diseases, trauma, abuse, violence, or accidents? This may include, but is not limited to, chronic/ongoing or acute conditions, or experiences that have impacted (either positively or negatively) your psychological/emotional, physical, and spiritual well-being.

Please describe any medications, vitamins, dietary supplements, herbs, or other holistic remedies you currently are taking. This includes, but is not limited to, prescription and/or over-the-counter medications/remedies.

Please describe any personal usage/abuse/overindulgence of chemical substances that have contributed to, impacted, or otherwise adversely affected your overall well-being, health, and life harmony. This includes, but is not limited to, alcohol, foods, drugs/medications/remedies, or toxins.

Has anyone in your family ever received therapy, counseling, or related treatment for the aforementioned situations or circumstances? If yes, please describe.

How would you describe your overall sense of well-being at the present time?

How would you describe your diet at the present time?

How would you describe your sleep and sleeping patterns/habits at the present time?

How would you describe your mood/feelings/emotions at the present time? This might include, but is not limited to, anxiety, depression, fear/phobias, anger, hopelessness, frustration, elation or euphoria, relief, calm, etc.

How would you describe your thoughts and thought patterns at the present time? This might include, but is not limited to, obsession, rumination, generalizations, positive or negative self-talk/messages, self-limiting/punishing/ guilt-slopping messages, or “all-or-nothing” thinking, etc..

Please describe the time you create for yourself to experience physical exercise, leisure activities, spiritual pursuits, and anything contributing to or supporting your overall life harmony and well-being.

Please describe your occupation/career/student status/current life role at this time.

Please describe any interpersonal relationships of significance (positive or negative) in your life at the present time—and your role in these relationships.

Is there anything else you think I should know about your life/family/relationships/work dynamics that is impacting or affecting you and your well-being at this time?

What do you feel or think is most important to ensure your success in accomplishing your goals?

Please describe anything you feel or think doesn't serve or support your efforts to meet your goals, or otherwise is an obstacle to your success.

What would it be like to realize and experience your goals?

How will you know you have realized and experienced your goals?

Thank you for completing this entire **Holistic Healing & Bodywork Partnership Agreement & Notice of Privacy Policies Form**. Your honest, thoughtful, and active participation serves as the most powerful catalyst for our work together and for realizing your chosen goals.

Thank you for returning (by fax, US/Worldwide Air Mail, or in person at our New Mexico office location) this completed form in its entirety, as well as the completed **Client Contact and Billing Authorization Form** in its entirety, before our first Illumination Session together. Please take care to retain copies of all forms for your records.

*With Warm Regards,*  
*Scott Bergér, CC*  
Harmony For Life®  
Fax: 505-984-1229