



Dr. Jennifer Simon

365 WINS *A Win a Day for a Better Life*

Meditation, Mindfulness, and More

New Client Informed Consent and Authorization for Instruction Forms

Date: _____

Client Name(s): _____

Address:

Services:

Dr. Jennifer Simon (“Instructor”) provides instruction on meditation, mindfulness, and other tools and techniques and their applications to every-day life for individuals, couples, and groups.

By signing below, I, the client, agree to the following:

CONSENT

- I understand that the Instructor is not a psychologist, psychiatrist, therapist, or medical doctor. The instruction is not a substitute for medical and/or other professional counselling. I understand that if I experience discomfort during or after the instruction, I should immediately inform the Instructor, and should consult my healthcare provider before continuing.
- I understand that instruction in meditation and mindfulness is, at present, an unregulated industry and that the Instructor is not licensed by any governmental agency. I also understand that for all legal purposes, the services provided by the Instructor will be considered to be provided in the State of Connecticut.
- Periodically the Instructor may provide links to web sites or written print material which may be of value, interest and convenience to you in regard to the instruction. You agree that the Instructor is not the author of and is in no way responsible for such content.
- I acknowledge and understand that I am responsible for all aspects of my health and well-being. Instruction is provided without warranty or guarantee of results of any kind, either expressed or implied.

Your initials here to agreeing to the ‘Consent’: _____



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POLICY / PAYMENT / FEES

- No recordings or photographs are allowed without my explicit consent.
- Canceling or rescheduling appointments requires a 24-hour notice by telephone to avoid being charged.
- If you missed an appointment you will be responsible for the cost of the time you reserved.
- All payments are due at the time of session and payable by cash check or credit/debit card.

Your initials here to agreeing to the "Policy/Payment/Fee": _____

CONFIDENTIALITY LIMITS AND EXCEPTIONS

- Normally everything we discuss will be held confidential. Unless you provide a signed authorization, I will not speak to or correspond to anyone about you. If you choose to break confidentiality in any way, I cannot control this or be held liable for outcome.
- Laws and professional ethics either mandate or permit me to break client confidentiality under certain circumstances. Some exceptions to confidentiality include situations where there is reasonable suspicion that any of the following has ever occurred or is occurring now:
 - You or your child present a danger to self or other; a child or dependent adult is victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering; a dependent adult or any person over the age of 65 is a victim of physical abuse, emotional abuse abandonment, forced isolation, fiduciary abuse, or neglect.

Your initials here to agreeing to the 'Confidentiality Limits and Exceptions': _____

LIMITS OF COMMUNICATION

- Every effort will be made to assist you, especially during a crisis. However, there may be times when contacting you will be possible. Therefore, you must agree to first call 911, seek professional medical help, or go to the nearest hospital emergency room for assistance anytime you suspect you are in a crisis.
- As a standard business practice, I am not able to extend sessions since other clients may be waiting. Each appointment will end at its scheduled time, regardless of your arrival time.
- Correspondence sent to this office is retrieved at random, and several days before mail is retrieved.
- Emails will be retrieved at random intervals and reply to usually within 24 hours, except over weekends or designated time off.



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- I maintain very firm personal boundaries. I reserve the right to terminate treatment if, for any reason, a client obtains my home telephone number or my residential address, or personal information.

Your initials here to agreeing to the 'Limits of Communication': _____

TREATMENT TERMINATION

- If it any time during the course of your instruction I determine I cannot continue, I will terminate instruction and explain why this is necessary.
- Ideally, our work together ends when we agree your goals have been achieved. Additional conditions of termination include:
 - You have the right to stop our work together at any time. If you make this choice, referrals to other therapists or instructors can be provided.
 - You are asked to inform me of our termination in writing, or ideally in a final "termination" session.
 - Other ethical or legal circumstances may arise and compel me to terminate our sessions. If so, appropriate referrals will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies.
 - Other situations that warrant termination include:
 - Recording or photographs have been taken without my consent;
 - Becoming enraged or threatening during session;
 - Bringing a weapon onto the premises;
 - Arriving under the influence of drugs or alcohol; disclosing legal intentions or actions.

Your initials here to agreeing to the 'Treatment Termination': _____

MEETING ENVIRONMENT

- Please arrive 5-15 minutes early to relax and transition before our session begins.
- Bringing questions and observations from time in-between sessions is recommended and encouraged.
- Taking notes during our sessions may be helpful at times.
- Please do not use cell phones, laptops or other electronic devices in the waiting area or meeting spaces.
- No eating or drinking except for water is allowed, except if needed for a medical situation.

Your initials here to agreeing to the 'Meeting Environment': _____



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WAIVER

- I hereby release, waive, acquit and forever discharge the Instructor and Dr. Jennifer Simon and 365 Wins, LLC and any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by the Instructor as a result of the instruction given by the Instructor or otherwise resulting from the relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

Your initials here to agreeing to the 'Waiver': _____

AUTHORIZATION TO COMMENCE INSTRUCTION

- Your signature below will verify that you have read (or that I have read to you) information in this authorization and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge her willingness to undergo instruction with Dr. Jennifer Simon, as I deem appropriate and in accordance with this "Informed Consent."
- You also agree to enter into a professional business arrangement according to all business practices outlined in this agreement. You accept total financial responsibility for payment of all fees and services as described, regardless of insurance coverage or any other "third-party" payers.
- You will also be releasing me of any liability that directly or indirectly result from disclosure or exchange of any information covered in this agreement. At your request, a copy of this and any other document in your record that bears your signature will be provided.

CLIENT SIGNATURE

DATE

CLIENT SIGNATURE

DATE

INSTRUCTOR SIGNATURE

DATE