

Please print, sign and bring to first session.

I understand...

Angie Yetzke, LLC's somatic movement education practice seeks to promote body awareness, physical integration and holistic wellness for individuals, couples and communities. While there are physical, mental and emotional benefits, it is not designed to cure illness, heal acute injury, process past experiences or settle past disputes.

There is potential risk for injury in any form of physical activity, and I am participating at my own risk with the approval of my healthcare provider. I will alert Angie to any physical injuries or concerns that occur prior to, during or following a session. I will not hold Angie Yetzke, LLC or Angie Yetzke responsible for injury or death incurred by exercises learned or practiced while participating in or following participation in her services.

I am never obligated to disclose personal health information. Angie will use the health information I choose to disclose to create individualized sessions that match my needs and abilities.

The body holds emotional memory and trauma, and somatic movement therapy may invoke surprising and possibly disturbing emotional responses. I will take care of myself and my needs at all times and let Angie know when I need breaks, wish to stop a session early or experience any difficulties between sessions. Should my needs require intervention beyond what Angie Yetzke, LLC can offer, my sessions may be discontinued and I will be advised to seek an appropriate healthcare provider.

Therapists are required by law to report any indication that I may harm myself or another person.

I will be encouraged to take an active role in the execution of my sessions and completion of any weekly assignments, articulating my experiences, needs and desired outcomes. I understand that my therapeutic outcomes are based upon my openness and willingness to make changes, both during sessions and between sessions.

A professional and trusting relationship is critical for successful somatic movement education and therapy sessions.

Information I share individually and privately with Angie will be kept confidential. For couples: If Angie believes disclosure to my partner would be helpful in my relationship, she will first seek my written authorization.

Cueing through therapeutic touch is an important component of somatic movement education and therapy. I will inform Angie of any concerns if at any point I feel uncomfortable.

Sessions will start and end promptly. If I wish to continue a session past the designated end time, and Angie has the availability, I will be charged accordingly. Alternatively, I may always request to "pick up where we left off" at my following session.

If I feel ill or have been exposed to contagious illness, I will cancel my in-person session, and Angie will do the same.

I am responsible for the full cost of sessions cancelled with less than 48 hours notice. Rescheduled appointments must take place within one week or may be subject to a \$25 rescheduling charge. Frequent rescheduling may result in termination of my sessions.

In addition to this client-practitioner agreement, I acknowledge receipt and understanding of the policies regarding fees and cancellations, website usage and accessibility, and privacy and cookies (all found at <https://angieyetzke.com>).

Client Name _____

Client Signature _____

Date _____

If seeking couples' therapy

Spouse Name _____

Spouse Signature _____

Date _____