

DISCLOSURE & AGREEMENT FOR NON-CLINICAL SPIRITUAL HEALING SERVICES

Nature of Services Provided

I offer spiritual healing services in addition to mental health counseling. Spiritual healing may include: spiritual counseling and/or prayer work, shamanic sessions, energy work, and creating ceremonies and/or rites of passage. Ceremonies may include water or fire ceremony, commitment ceremonies, memorials, house blessings, and other ceremonies specific to your life passage.

While I am a Licensed Mental Health Counselor, the Spiritual Healing services I offer are not psychotherapy, counseling, nor are they intended as health care of any kind. In addition, these Spiritual Healing services are not intended to diagnose or treat any physical or mental illness, dysfunction or condition, nor should they be considered a substitute for any healthcare services.

If you experience a mental, emotional, or physical condition that requires the care of a healthcare provider, I will be happy to help you find appropriate referral resources.

Acknowledgement & Acceptance of Risk

Spiritual and shamanic healing services may include physical activity such as walking through the forest or fire ceremonies and may expose you to a range of known and unknown risk including interaction with wild animals. As is the case with any such physical activity, the risk of injury, even serious injury or death, is always present and cannot be entirely eliminated.

I trust you to decide which activities are safe for you and within your capabilities. And that you understand any outdoor activities are at your own risk.

Professional Privacy

I strive to keep the details and content of our sessions private at all times. However, the legal rules of confidentiality for healthcare information will not apply to our relationship. In addition, we cannot create a clinician/client relationship and the rules of privilege will not apply. I am required by law to disclose certain information including suspected abuse or neglect of children under RCW 26.44 or suspected abuse or neglect of vulnerable adults under RCW 74.34.

If you have any questions regarding how I protect your privacy, please let me know. I will be happy to discuss this with you further.

Consent to Participate

By signing this document, you are attesting that you have received, read, and fully understand the information above, and that you are consenting to participation in Spiritual Healing with Abby Leach.

Signature

Date

Print Name