

WHOLE HEALTH PLUS: Center for Wholeness & Health Informed Consent to Treatment

I, _____ hereby authorize and give my voluntary consent to Danelle Holbrook, LPC to assess, recommend and administer treatment for my (and/or my child's) overall well-being. **I am aware of Whole Health Plus policies and I agree to them (see copy).** I understand that Danelle Holbrook, LPC uses a holistic (mind-body-spirit) faith-based approach to healing. A variety of traditional and non-traditional therapeutic techniques are used such as emotional freedom/energy work, cognitive-behavioral psychotherapy, spiritual counseling and relationship building strategies. Muscle Testing and other techniques such as Reiki, Touch for Health, E.F.T. and Acupressure utilize touch or can be self-administered. *Clients can choose whether they want Danelle to touch/test points and muscles (touching arm, shoulder, ankle/foot etc.) or self-muscle test (no touching).*

Benefits and Risks: Although benefits are not guaranteed, you may experience deeper understandings, new perspectives and insights, hopeful solutions, a better quality of life, decreased anxiety/stress and depression, healthier behaviors and closer relationships. Many find improvement and help with issues that bring them to counseling however there are some risks. You may feel worse before feeling better. You may experience strong or unpleasant feelings of sadness, anger, anxiety, etc. It can at times, be very challenging and even painful. Relationships and identities may change or dissolve. Danelle as a mandated reporter must report suicide or homicidal plans, suspected abuse or neglect and need to get authorities involved. I will discuss any concerns or questions with Danelle. ***I am aware that if I terminate prematurely or refuse to follow through on treatment recommendations (i.e. referrals, homework exercises/practice, bodywork, etc.), my symptoms or problems may not be fully resolved.*** A dedicated change in your patterns, reactions and thinking as well as embracing truth, forgiveness, prayer, healing, ownership, openness, and submitting to the therapeutic process with greatly influence the success of therapy.

Disclaimer: Whole Health Plus has no doctor on staff and is not trained in the effects of medication or effects of medications and supplemental combinations. Furthermore, Whole Health Plus does not diagnose any physical condition and does not make recommendations on medications. I understand that my physician and/or psychiatrist must be contacted before undergoing any bodywork, nutritional changes, taking any supplements and/or remedies. Any recommendations or techniques used in counseling here are not intended as a replacement for appropriate medical and psychiatric treatment. I will ask my doctor for any known side effects before taking any product. I do not hold staff from Whole Health Plus liable for reactions to any suggested remedies and/or supplements.

My signature below authorizes and documents the above:

Client/Parent Signature

Date

Witness Signature

Date