
Session Guidelines & Service Agreement

Service Provided

Aromatherapy, Emotional Freedom Technique (EFT), Hypnosis, Kinesiology, and Reiki are energy-based therapeutic approaches that involve balancing and restoring your body's natural energies for the purpose of increasing your vitality, strengthening your emotional and mental capacities, and optimizing your health.

EFT, Kinesiology, and Reiki use touch to influence the energy systems. This affects physical, emotional, mental and spiritual health and healing. You are always fully dressed and at times covered with a blanket. The points to be touched are always shown in advance yet it is your responsibility to inform me when you feel uncomfortable. Self-care is an important part of your healing process.

With **EFT**, either the practitioner or you, the client, tap on specific points on the head, face, chest, under the arm, hands, and knees, to release emotional and physical blockages and sabotages. With **Kinesiology**, the practitioner is using light touch on the arms, torso, or legs to find and restore imbalances within the body, mind, and spirit. With **Reiki**, usually the practitioner's hands are held about an inch above the body yet there may be times when light touch on the body is indicated.

My background and training includes a BA in Forensic Psychology and Masters in Social Work. I am Licensed Clinical Social Worker, Certified Hypnotherapist, Basic Kinesiology Practitioner (ICPKP), and have been trained in Parts I & II of EMDR, Psycho-Kinesiology as well as EFT. I am also a Reiki Master and currently study towards Certifications in CBT-I (Cognitive Behavioral Therapy for Insomnia) and Aromatherapy.

Our work together will have a professional relationship existing exclusively for therapeutic purpose. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect.

Our work together is goal oriented in that it is geared toward your wellbeing. Some of these goals may be long-term such as improving the quality of your life or learning to live mindfully, while others may be more immediate goals such as decreasing anxiety. I may make suggestions on how to reach your desired goal yet you are in charge and decide on the direction of the session.

While the benefits far outweigh the after-effects of these energy modalities, symptoms may get worse before they get better. You may experience some anxiety, dreams, or persistent thoughts. I hope that you would discuss any changes with me. Furthermore, during treatment, you will have the opportunity to get in touch with your personal feelings and issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. As mentioned, the benefits of treatment can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, specific problem solving, and an overall feeling of wellness. I cannot guarantee these benefits yet it is my desire to work with you to attain your personal goals.

Session length is usually between 60 and 90 minutes. There may be times when we go over the allotted time, which may be indicated when you are in a deep emotional release.

Confidentiality

Confidentiality will be assured and everything you disclose to me during the session will be held strictly confidential. However, the following exceptions apply:

- Email communication cannot be guaranteed to be confidential.
- Should you share that you intend to harm yourself or another person, I reserve the right to contact the

authorities.

- If I have reason to believe that you are in imminent danger of harming yourself, I reserve the right to legally break confidentiality and contact the police or a crisis team, as well as make a referral to Emergency Services. I always will explore other options with you prior to informing the authorities. However, if you were unwilling to take any steps to guarantee your safety, I would call 911.
- If I have reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you provide me information about someone else who is doing this, I must inform Child Protective Services or Adult Protective Services immediately.

Here are some possible exceptions to your confidentiality:

- You have signed a Release of Information Form for specific individuals or agencies
- There is a court order for release of your records
- You are perceived to be a danger to yourself or others
- You are suspected of abusing or neglecting children or vulnerable individuals
- You report being a victim of child abuse or neglect (for minors)
- Confidentiality cannot be guaranteed in cases where a judicial order is issued

Session Fees

Session fees are: \$ 175 for an Intake & Assessment, \$ 140 for a 60 Minute Session, \$ 165 for a 90 Minute session. All fees are payable at the end of each session. Payments can be made either in cash, via check, or credit card; a 3.75% tax is applied to all credit card payments. A \$ 35 service charge will be applied to all returned checks.

This rate also applies to other professional services that you may need, including telephone consultations of more than 10 minutes, report writing, preparation of records or treatment summaries, travel time, etc., unless indicated and agreed upon otherwise.

I do not accept insurance of any kind. While Aromatherapy, EFT, Hypnosis, Kinesiology, or Reiki are typically not reimbursable in the United States by Health Insurance Companies, you may however, qualify for a flexible spending account. Please check with your plan administrator for details.

I, _____ certify that I have been informed, and am aware of the fees for services provided by Heike Zelnhefer, LCSW, C.Ht., RM. I understand that payment is due at the time of the session unless other arrangements have been made in advance. I understand that the company SQUARE is used for all credit card payments.

Cancellation Policy

I have a 24-hour cancellation policy. This means, you may cancel or re-schedule your appointment with a 24-hour notice without incurring any charges. I will confirm my appointment with you via Text Message to the phone number you indicate.

I, _____ understand that I will be charged the amount of a 60-minute session fee should I miss or cancel an appointment outside the 24-hour cancellation notice. The fee will be charged to my credit card on file.

Contact

I can be reached via email at info@holisticpsychotherapynj.com or in an emergency case you may reach me 732-455-9722. I will do my best to answer your call as soon as possible.

Authorization for Credit Card Payments

Your credit card will be stored on file and is only used for no show or cancellations fees, and balances not paid by the financially responsible person within 30 days. Your credit card will NOT be used in any other circumstance without your consent.

Heike Zelnhefer uses the company SQUARE for credit card payments and a 3.75% service fee will be applied to all credit card payments.

I authorize Heike Zelnhefer to keep my signature on file and to charge my account under the below stated conditions. **Please initial below to indicate your understanding.**

- Balances not paid by financially responsible person within 30 days. _____
- \$ 140 for each missed appointment or cancellation with less than 24 hour notice. _____

Patient Name: _____

Card Holder Name: _____

Visa MasterCard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____ Security Code: _____ Billing Zip Code: _____

Signature

Date