

**Lisa Berman**

**Compassionate Healing**

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**INFORMED CONSENT**

Welcome to my **Compassionate Healing** work. In order to promote a trusting and productive counseling relationship, the following is provided for your understanding and consent.

**Healing approach:** Your symptoms and the language of your body are the guide into a process of deep inquiry and investigation in order to reveal their true cause and what wants to be changed. My understanding is that symptoms, illness and disease are our greatest teacher, and the body's effort to realign us with our true nature and wholeness. This is a very enriching and self-empowering process. I utilize Bach-Flower essences and/or Classical Homeopathy to support your bodies own healing forces.

**Education, training:** My thirty years experience as a Holistic Health Practitioner spans twenty years in Germany and ten in the United States. I am an adjunct faculty member at Bastyr University, Seattle, WA. My emphasis and training is on psychosomatic counseling, transformative health-coaching, Bach-Flower Essences and Classical Homeopathy.

**Legal information:** I am not a licensed physician and my services are not licensed by the state. In September 2003, California passed the Senate Bill SB-577. It legally enables complementary and alternative health care practitioners to provide their services to California citizens.

**You are fully responsible** for working on the symptoms and issues that concern you. My work with you is complimentary and does not substitute other services of health care professionals.

**Confidentiality:** I highly respect confidentiality. All information disclosed during the counseling will be kept strictly confidential, and will not be revealed to anyone outside of my practice without your written permission.

**Fees & Payment:** My fees are \$ 125 per hour. I don't charge for short "check-in" calls, e-mails or scheduling coordination. Payment is due at the time of service unless otherwise arranged in advance. I have read, understood and agree with this Informed Consent.

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Name (please print)	Signature	Date
Date of Birth:	Telephone:	
Email address:		
Address:		