**Intake, Informed Consent and Confidentiality**

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**Section 1 – Your Contact Details**

1. Name:
2. Your Phone number (providing this provides permission to contact you via phone):
3. Your Email address (providing this provides me with permission to contact you via email):
4. Are there any physical or mental health concerns that might impact your participation in this class (e.g. ability to do yoga stretches, to hear, to read, or to sit for any length of time)?

**Section 2 – Confidentiality and Informed Consent**

Prior to starting our work together, it’s important that you read and understand this document and sign to confirm your consent.

In this program, we are working together to better understand our responses to stress and to explore how to best change the habits of our mind and take care of ourselves. We do this through meditation, movement, and written exercises (called “practices”) completed together as a group and individually through home practice. Guided discussions focus on “present moment” experiences with those specific practices. As a group member you agree that responses from other group members will be held in strictest confidence and not shared outside of the group.

By signing this consent form, you also acknowledge that are some rare instances where law requires me to disclose confidential information without your individual or group consent, including:

1. If you appear to be in imminent danger of doing serious harm to self or another person
2. If there is a reasonable suspicion that a child has been or will be a victim of abuse or neglect
3. If there is a court order or other mandatory request for review/or release of your records
4. If you reveal abuse by another health care practitioner
5. If you are injured, ill, or incapacitated and unable to provide consent personally.

 **Costs of Services**

This group consists of six sessions, at a cost of $270. Payment must be made prior to March 19, 2019 through an etransfer sent to rplosker@inspirationsolutions.com or through a cheque provided at the start of session 1. At the end of session 6, receipts will be issued together with your attendance record. There are no refunds for missed meetings.

**Records**

The group records will be retained for at least 10 years following our last interaction as required by my professional college.

**Use of Email**

You agree that email may be used for administrative purposes, including etransfer payments and the provision of receipts.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand and provide consent for collecting, using and disclosing personal information as set out above in this document.

 March 19, 2019

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Rhea Plosker, MASc, MC, RSW (#827423) Date: (please fill in with date of signature below)

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Client Name (s) Signature(s):

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