

**Embodied Mindfulness Therapy with Soleil Hepner, C-IAYT**  
**SESSION CONSENT AND RELEASE AGREEMENT**

Welcome to my practice. I am a certified practitioner in the field of Yoga Therapy.

As a client, you should know that:

- 1) These sessions combine aspects of yoga of awareness with elements of contemporary body/mind theory.
- 2) Sessions may include any combination of touch, assisted positions, meditation, and focused dialogue.
- 3) I will neither diagnose nor prescribe for any condition or problem.
- 4) No guarantee or promises of cures have or will be made. Any benefits come from within your own awareness and self-knowledge.
- 5) Soleil is a guide and facilitator of your self-healing process. This is not a substitute for medical treatment.
- 6) Soleil is certified but not a licensed physician/therapist, nor is yoga therapy licensed by this state.

I have been certified with Phoenix Rising Yoga Therapy as a private practitioner since 2002 and as a Group Facilitator since 2004. I have mentored, coached and trained other practitioners since 2005. The Certification includes:

- 1) 260 hours of residential training in yoga & mindfulness, the therapeutic practice, and anatomy & physiology + 9 months of supervised client sessions
- 2) 600 hours of Advanced training certifying me to facilitate groups in an Educational Program + 6 months of supervised group process.

In order to use my services, California state law requires that you acknowledge receipt of the information on this form and that you sign it. You may receive a copy upon asking. I will keep the original in my records.

Phoenix Rising Yoga Therapy is adjunct to other therapies licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on page 2. I do not accept insurance.

If you ever have any concerns about the nature of your treatment, please discuss them with me. I recommend that you inform your medical doctors and/or therapists that you are working with me.

I have read and understand the above disclosure about Soleil Hepner, her training and education. I have discussed with Soleil the nature of the services to be provided. I understand that she is not a licensed physician and that her services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself with other licensed therapists. I have consented to use the services offered by Soleil Hepner and agree to be personally responsible for her fees for service.

My legal name is signed below. I am at least 21 years of age or have the signature below of my Legal Guardian.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE & EMAIL \_\_\_\_\_

If under 21 years of age, Legal Guardian's Signature: \_\_\_\_\_

(NOTE: Contact Information will NOT be given out. Email will be added to my email list for minimal contact.)

## Patient Information Sheet: CALIFORNIA SENATE BILL SB-577

California Senate Bill SB-577, which was signed by the governor in September 2002, has profound implications for the practice of alternative forms of health care in California. SB-577 enables alternative and complementary health care practitioners to provide and advertise their services legally. However, they must also comply with certain requirements specified within the bill.

*What does Senate Bill SB-577 mean for you, the patient?*

**SB-577 gives you access to alternative and complementary health care practitioners.** You must be given information about the nature of treatment and the practitioner's qualifications. Feel free to ask a practitioner any question you might have about your treatment. Check to see if your practitioner has been certified by a professional membership society. In addition, tell your doctor about any alternative treatment you are pursuing. You can also request that your licensed and unlicensed health care providers communicate with each other and work collaboratively to meet your health care needs.

**SB-577 helps to protect you.** SB-577 requires unlicensed alternative health care practitioners to follow certain guidelines and restrictions.

*Here are the things that unlicensed alternative practitioners are NOT allowed to do:*

- Perform any form of surgery or any procedure that punctures your skin or harmfully invades your body.
- Use X-ray radiation.
- Prescribe prescription drugs, or recommend that you discontinue drugs that were prescribed by a licensed physician.
- Set fractures.
- Treat wounds with electrotherapy.
- Put you at risk of great bodily harm, serious physical or mental illness, or death. Imply in any way that they are licensed physicians.

*In addition, an unlicensed alternative practitioner MUST DO the following things:*

- Provide you with a statement, written in plain language that includes the following information:
  - (1) that they are not a licensed physician and that their services are not licensed by the state;
  - (2) a brief and clear description of the kind of services they provide and the reasoning behind it; and
  - (3) a description of their education, training, and experience.
- Ask you to sign an acknowledgement that you received the above written statement, and provide you with a copy of it. They must also keep a copy of your signed acknowledgement for three years.

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**CLIENT STORY FORM**

***All questions are optional. While they help me hear your story as to why you are showing up to do work with me at this time, it is up to you when and how that story is revealed.***

1. In what ways do you pay attention to your body? Do you receive any type of body work? (ie: massage, acupuncture, PT,...) Do you exercise? Have you tried Yoga / Meditation?

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2. How does Faith, Religion, and/or Spirituality show up in your life? How do you refer to this?

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3. Briefly outline your personal support system as it looks today.

(i.e., family, friends, spiritual community, health care providers, groups): \_\_\_\_\_

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4. What do you hope to receive from bringing the body into your therapeutic treatment? What are you working with in your life to want to use a mind-body modality? \_\_\_\_\_

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5. Is there anything else you'd like me to know before we start our work? \_\_\_\_\_

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6. Are you taking any prescription or non-prescription medication? For what reason? Are they working for you?

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7. What do I need to know about your physical body to work safely with you? Any injury, illness, chronic conditions, or pain that are with you today?

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

8. Check any condition that you feel helpful for me to know at this time.

- Addiction Recovery
- AIDS
- Arthritis
- Asthma
- Pain – Chronic / Acute
- Bulging or herniated disc / fused vertebrae
- Anxiety
- Depression
- Eating disorder
- Emphysema or other breathing problem
- Fibromyalgia
- Fatigue
- Heart condition
- Hernia
- Low / High blood pressure
- Hepatitis
- History of physical, sexual, and/or emotional abuse
- Multiple sclerosis
- Osteoporosis
- Trauma / PTSD
- Pregnancy
- Other physical / emotional / spiritual struggles