



YOGA THERAPY SESSION CONSENT AND RELEASE AGREEMENT

Welcome to my practice! I am a certified practitioner in the field of Yoga Therapy by the International Association of Yoga Therapists (C-IAYT) and a Certified Trauma Professional (CTP) through Evergreen. This session consent and release agreement covers my yoga therapy sessions, which I currently treat as a separate and distinct service from my mental health counseling, requiring separate disclosures, consent and intake/assessment.

I do not blend my mental health counseling with my yoga therapy within the same session in recognition and respect for the legal and ethical boundaries of each. I am able to schedule one or the other type of session at a time, with the option to alternate as your work may lead us to feel the need for focus on either mind or body experiences and processing. Clearly, they are linked - as we are integrated beings - and there will be overlap that we will navigate as those opportunities arise. In my experience, the interaction between these two modalities works well to enhance the outcomes of both.

As a client, you should know that:

- 1) My yoga therapy sessions combine aspects of yoga of awareness with elements of contemporary body, mind and neurobiological theory.
- 2) Yoga therapy sessions may include any combination of guided movement, breathing, therapeutic touch, assisted body positions, meditation, and focused non-directive dialogue, depending on your willingness, readiness and safety for receiving them.
- 3) I will neither diagnose nor prescribe for any condition or disorder within scope of these yoga therapy sessions.
- 4) No guarantee or promises of cures will be made. Any benefits come from within your own awareness, self-knowledge and experience.
- 5) I am a guide and facilitator of your self-healing process. This is not a substitute for medical treatment.
- 6) I am not a licensed physician nor is yoga therapy licensed by the State of Colorado.

I have been certified by the Phoenix Rising School of Yoga Therapy (PRYT) as a private practitioner since 2010 and as a Group Facilitator since 2011. I have mentored, coached and trained other practitioners since 2014. The PRYT Certification includes:

- 1) 260 hours of residential training in combined yoga and mindfulness, the psychology and neuroscience that informs therapeutic practice, and anatomy and physiology, accompanied by 9 months of applied and supervised practice through real client sessions;
- 2) 600 hours of advanced training in facilitating therapeutic groups plus an additional 6 months of supervised group practice; and
- 3) 50 hours of training in working with couples.

I do not accept insurance, but I am able to accept a health savings account (HSA) or flexible spending account (FSA) payment card. I use a HIPAA compliant payment system called Ivy Pay which processes your debit or credit card and I will use it to collect payment at each session. I do offer sliding scale fees as described in the following table and subject to income verification.

Bev Johnson, C-IAYT CTP Sliding Scale Fee Table for a 50-minute Individual Therapy Session

(v.8/1/2022, subject to change with advanced notice provided)

Household Size	Plan A	Plan B	Plan C	Full Fee	OR income information not provided
1	≤ \$ 50,000	≤ \$ 62,000	≤ \$ 74,000	> \$ 74,000	
2	≤ \$ 56,000	≤ \$ 69,440	≤ \$ 82,880	> \$ 82,880	
3	≤ \$ 62,720	≤ \$ 77,773	≤ \$ 92,826	> \$ 92,826	
4	≤ \$ 70,246	≤ \$ 87,106	≤ \$ 103,965	> \$ 103,965	
5 or more	≤ \$ 78,676	≤ \$ 97,558	≤ \$ 116,440	> \$ 116,440	
Adjusted Session Fee	\$ 60	\$ 70	\$ 80	\$95	

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 other therapists that you are working with me, and I am open to collaborative care if/as you elect and with your prior explicit written consent.

I have read and understand the above disclosure about Bev Johnson, her training and education. I have discussed with Bev the nature of the services to be provided. I understand that she is not a licensed physician and that her yoga therapy services are not licensed by the State of Colorado. I understand that she offers her yoga therapy services as a separate and distinct therapy service from her mental health counseling at this time. I understand it is my responsibility to maintain a relationship for myself as needed with other licensed medical/therapy providers. I have consented to use the services offered by Bev Johnson 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 _____

PHONE _____ EMAIL _____

If under 18 years of age, Legal Guardian's Signature: _____

EMERGENCY NAME/REL: _____ **PHONE:** _____

YOGA THERAPY CLIENT INTAKE/HISTORY FORM

All questions are optional. While they help me hear your story as to why you are showing up to 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 and/or meditation?

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

3. Briefly outline your personal support system as it looks today, i.e., family, friends, spiritual community, health care providers, groups:

4. What do you hope to receive from bringing the body into your therapeutic treatment? What are you working with in your life that inspires you to seek a mind-body modality?

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

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

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. Feel free to add notes.

- 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

Emergency Contacts:

I will call 911 for any emergency, however, you may wish for me to also contact a family member or qualified therapist on your team in case of an emergency. If so, please provide their:

Name	Relationship	Phone