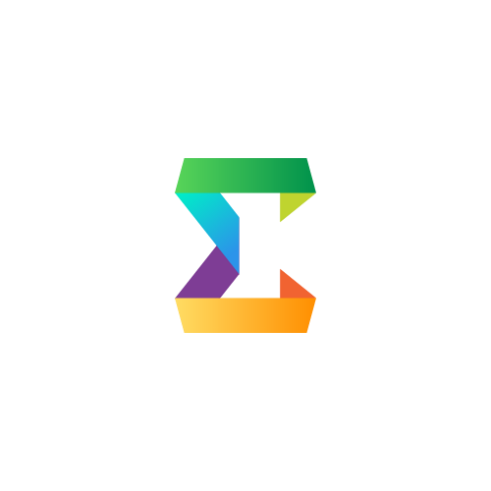
**Tristan Avery Vetter CCEP**

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**EVOLUTIONARY EMOTIONAL HEALING: FROM THE CORE**

*Psychotherapy is about relationships. It’s about trust, respect, empathy, and insight; it requires courage and work, and is a collaboration between you and me. Together we will explore what is, what was, and what can be, focusing on words, emotions and what your body communicates. Together we will explore what you want to change and how those issues affect your current life experience and relationships.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact / Relationship / Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Agreed Session fee is:**

**An Over-View of Core Energetics and my Practice**

Self-love and vulnerability are the foundations of successful relationships, with ourselves and others. This is one of the ultimate goals of all therapies.

In Core Energetics, I work with the chronic tensions in the body where powerful emotions are held and blocked from being felt or expressed. Core also invites cognitive explorations to raise our awareness of the unconscious misconceptions we hold about ourselves and life. We learn to identify our patterns in interpersonal relationships - created in our early years - that keep us from being in true relationship with others and ourselves. Core Energetics serves to restore the balance and flow of energy between body, mind, emotions, and spirit. By combining bodywork and traditional therapeutic techniques, Core supports you in achieving the life you wish to have. One in which your true, authentic self can meet and be with the challenges, and most importantly, the pleasures of being human.

“Core Energetics brings consciousness to how we block our energy (both in movement and emotions) and how we have learned to meet life by using defensive patterns adapted in childhood that now, as adults, keep us limited and disempowered. The core process helps us see how our worldview is largely a function of many of these blocked energy patterns, and of how we keep recreating similar situations and relational dynamics that leave us frustrated and brings about the very thing we are trying to defend against. Awareness alone is not enough. We can choose to mobilize our physical energy (life force) differently in order to make sustainable, lasting changes in both our inner world and our outer experience of life. Our defenses, belief systems, coping mechanisms, and typical emotional responses are not just psychological; they are also somatic and powerfully anchored in the physical body.

Targeted body techniques open consciousness to suppressed feelings and engage the energy system in ways that allow us to go beyond our “comfort” zone. The Core work taps into blocked or split sources of energy that can then be integrated and grounded. This creates an expanded sense of who we are, more able to embrace our life, open unknown inner resources, express our creativity, embrace our sexuality, and deepen our connection with others.”

-- From the Institute of Core Energetics

**A Word (or two) about Safe Touch**

Core Energetics Bodywork involves the release of feelings from chronically armored muscles. At times, this may require the use of touch. This touch is non-sexual in nature and will involve pressure or massage to individual muscles or muscle groups. It is often used to bring awareness to an area of the body and is intended to be supportive in a healing and nurturing way. Touch often elicits strong feelings. I will always ask for your permission to be touched and you can say no. It is important to discuss any discomfort you may experience. I will honor and respect your boundaries.

As with all aspects of our work together, EVERYTHING IS OPTIONAL. The experience of healing is about seeing what comes up for you, what is there in the moment, and how you and your body respond to it.

It is understood that you are setting an intention to explore healing work through this modality, which includes an intention to follow suggestions that have been explained and seem reasonable and acceptable to the healing process and will always be with your safety in mind. We can explore intentions together. You may refuse any suggestion or intervention at any time.

**Client Responsibility**

Please advise me of any work you are doing with psychiatrists, psychologists, body workers, healers or counselors, as well as groups or workshops. Please be aware that there may be times when I may want to contact another health provider you are working with if I feel it is in your best interest to do so. I will never do this without discussing it with you beforehand and do so only with your express permission.

Please notify me of any medications you are taking, any health concerns, pain, or physical limitations, which may or may not affect the work we do in general or in any given session. Please notify me of any changes in your contact information.

**Confidentiality**

I care about your privacy. Without your written or verbal permission, no information about our sessions will be made available to anyone you object to, including family members, friends, or co-workers. The following exceptions apply:

* I work with a supervisor with whom I will discuss your case with to ensure we are exploring all possibilities. My supervisor is held to the same confidentiality I am, and will not disclose details of our sessions without your consent.
* If you are under treatment with a physician or are hospitalized for psychiatric care, in the case of an emergency, I may be required to discuss elements of your treatment plan to properly coordinate your care.
* If you pose a threat of harm to yourself or to others, I will comply with the law to help prevent that potential harm from occurring.
* If you report information indicating or there is reason to believe a child, disabled, or elderly person is suffering abuse or neglect, I will work with the appropriate authorities to protect those persons.

**Payment**

My rate for each session is $150. I do offer a sliding scale for those in need. You may pay for each session individually at the time of the session, or in pre-paid groups. Payment may be by cash, check, or Venmo.

I do not accept insurance nor can I file insurance claims on your behalf.

It may be possible to work with your HSA or FSA. This would require a prescription to your insurance from your Primary Care Professional for alternative therapy. If your HSA or FSA uses a card or allows checks or payment through Square, you can then pay from the balance on your account one of those ways.

I do not provide medications, nor will I advise you for or against the use of medications. I may discuss the effects of medications with you but it is your responsibility to discuss medication changes or termination with your psychiatrist, physician, APRN or psycho-pharmacologist.

**Cancellations, Rescheduling and Termination**

The agreement we enter is an investment, and commitment to your self-exploration and growth. It is a commitment to the number of times a month you feel will support you in your work.

Therapeutic needs can change and the number of sessions we agree to per month may shift for a period of time, based on your need. In that event, we will create a new agreement as to the number of times per month and for how long the change will be effective. For months with 5 weeks, the 5th week may be skipped unless you wish to keep it. This is different from a consecutive schedule of every other week.

You may cancel sessions up to 24 hours in advance. I will work with you and discuss options for rescheduling, first within the time period before your next scheduled session. You have 30 days to make up the session. If you are not able to make a rescheduled session within that time frame, the session fee would still need to be honored. There are some circumstances that allow for skips without payment such as serious illness, accidents, extended vacations, and deaths etc. Please notify me of these situations as soon as possible so I can support your needs.

For periods of inclement weather or if you are sick in any way, I offer rescheduling, Phone or Zoom sessions to uphold our session agreement.

There may be times I will need to re-schedule your session. I will do my best to notify you of schedule changes in ample time but in the event of an emergency or illness, I may need to cancel the day of the session. I will offer rescheduling possibilities. If I cancel a session, the fee is waived. I will notify you of times when I will be out of town or away for an extended period and will provide rescheduling options or therapeutic resources for you should you feel you have a need to see someone in my absence.

You are free to terminate your work with me at any time. Sometimes clients can feel like terminating when they are moving into uncomfortable areas of consciousness and my intention is to help you navigate through these feelings rather than abandon the process. With that in mind, I propose that if you are considering terminating our work together, you discuss this with me in a timely way so we can explore the reasons in depth and offer that we have 2 – 3 sessions for that process. Transitions and endings are a part of life and one of the most important parts of the therapeutic process.

**Contact Outside of Sessions**

In the event that you find yourself in need of support outside of scheduled sessions, I invite you to reach out and call. However, please be aware that I may not always be available in that moment and will do my best to get back to you in a timely way. (There is also the reality that there may be times when I cannot get back to you.)

I offer the following possibilities:

* Call to set up a phone session. If I can do so in a relatively short amount of time, I will, otherwise at my next available opportunity. Brief check in phone calls under 15 minutes are at no cost however session fees would apply in 15-minute increments as needed for longer calls.
* I check voice mail and texts often. If I am unavailable, you might call and leave a voice message or send a text to share where you are with an experience you are having. This is with the understanding that you’re reaching out in this way may be enough for you at that time to feel heard and without your actually needing to see or speak with me. If you do need a response, please state that and I will get back to you as soon as possible.
* We will discuss ahead of time what support systems you might have in place with friends, body workers, healers or other therapists that you might reach out to when I am not available. I can offer references for therapists.

**Session Lengths**

Standard session time is 50 minutes. However, given the sometimes complex and sensitive nature of our work together, there may be circumstances in which this time necessitates extension. Sometimes the rhythm of the work requires more time so I offer longer sessions. 1 Hour 15 min. 1 Hour 30 min. 2 hours 30min. 3 hours 30 min.

**Acknowledgment**

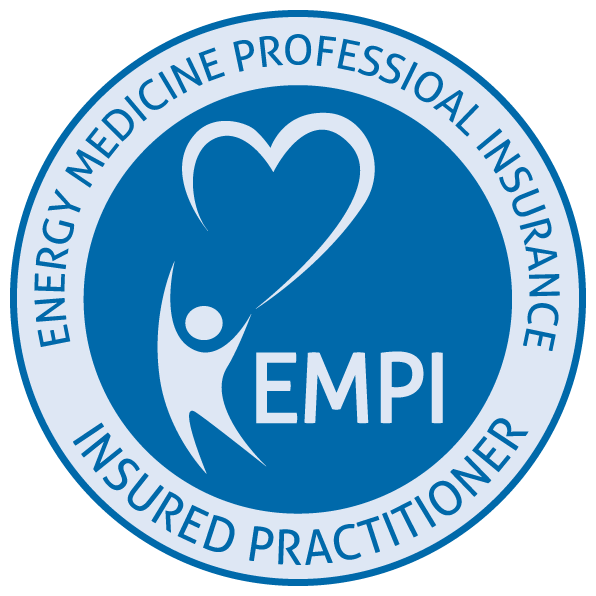
I have read and discussed as necessary the above information with my practitioner and agree to update the above as necessary. I have been given the opportunity to ask questions and discuss any concerns about these matters. I understand the benefits and risks of counseling, the nature, and limits of confidentiality and what is expected of me as a client.

Client Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is my intention to give the best of myself to our work together, to be present to all of who you are. To create a safe and supportive environment in which you can experience and embrace more of yourself, your energy, and your authentic ground of being, in new and expanded ways. I hold our relationship in sacred trust and hope that I can earn yours. I look forward to working with you and sharing this part of your life’s journey with you.*

**Tristan Avery Vetter *CCEP***

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