

# CLIENT INFORMED CONSENT AND DISCLOSURE AGREEMENT

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Thank you for considering working with me. My intention is to provide a respectful, supportive environment where you can explore your goals, navigate life's changes, and engage in personal growth at your own pace.

This document explains the nature of my services, my education and training, the boundaries of my practice, and your rights and responsibilities as a client. Please read it carefully and ask any questions you may have before beginning services. Your participation is voluntary, and you are encouraged to make an informed decision about whether a particular service is right for you.

## 1. SERVICES OFFERED

My practice offers services intended to support personal growth, self-awareness, well-being, and navigating life's transitions. Depending on the service you select, our work may include coaching, energy-based practices, or other approaches for which I have appropriate training and authorization to provide.

The service or services you are choosing are indicated below.

**Please initial the service(s) you are consenting to receive:**

\_\_\_\_\_ **The Next Chapter Coaching**

A coaching process designed to help you navigate midlife changes, reconnect with your values and priorities, explore your evolving identity, clarify what you want for your next chapter, and develop practical steps toward meaningful change.

Coaching may include guided reflection, goal setting, values exploration, personal development exercises, and strategies for managing everyday stress and overwhelm. Coaching is collaborative and forward-focused. You remain responsible for your choices, decisions, and actions.

Coaching is not a substitute for psychotherapy, psychiatric care, medical care, or other licensed professional services.

\_\_\_\_\_ **Bengston Energy Healing Method**

An energy-based approach intended to support relaxation, well-being, and the individual's personal healing process. The method is based on theoretical concepts involving energy and the body's natural processes.

The proposed mechanisms and effectiveness of this method for human health conditions have not been established to the standard required for medical treatment. Individual experiences and outcomes vary, and no specific result is promised or guaranteed.

This service is complementary in nature and is not intended to diagnose, treat, cure, or prevent any disease or medical or psychological condition.

### \_\_\_\_\_ **Brainspotting**

Brainspotting is an approach that uses visual focus and guided attention in connection with internal experiences. It may involve attending to emotions, memories, bodily sensations, or other experiences that arise during a session.

The process can sometimes bring up strong emotions or uncomfortable memories. Participation should proceed at a pace that feels manageable, with opportunities to pause or stop.

**Important:** Brainspotting will only be offered within the scope of my professional authorization, applicable New York law, and any required supervision or other professional arrangements. The nature of the service, my role, and the applicable professional boundaries will be explained before you consent to this service.

## **2. EDUCATION, TRAINING, AND PROFESSIONAL QUALIFICATIONS**

My background includes graduate-level education in psychology and marriage and family therapy, life-coaching education, and training in selected personal development and complementary approaches.

My specific training and qualifications relevant to the service you select will be disclosed accurately before we begin working together.

Training, certificates, and educational degrees are not necessarily equivalent to professional licensure, certification by a method's originating organization, or authorization to provide regulated health care services.

I will represent my qualifications honestly and will not claim a professional license, certification, or level of expertise that I do not hold.

### **Professional qualifications relevant to the service you select:**

- Masters Degree - Psychology
- Masters Degree - Marriage & Family Therapy
- EMDR Certification
- Bengston Healing Method Professional Workshop
- Brainspotting Course (Certification coming soon)

## **3. NATURE AND LIMITATIONS OF SERVICES**

My services are intended to complement, not replace, appropriate medical, psychological, psychiatric, or other licensed professional care.

I do not make guarantees regarding the outcome of coaching, energy-based sessions, or other services. People respond differently to personal development and complementary approaches, and the benefits of a particular service cannot be predicted for every individual.

No statement made during a session should be interpreted as a medical diagnosis, a promise of recovery, or an instruction to discontinue professional treatment.

You agree to consult an appropriately licensed health care provider regarding medical symptoms, health concerns, diagnoses, medications, or treatment decisions. You should not stop or change prescribed medication or professional treatment based on information or experiences arising during our sessions.

If your needs fall outside the scope of the service I can appropriately provide, I may recommend that you consult another qualified professional.

## **4. POSSIBLE EXPERIENCES, RISKS, AND BENEFITS**

Personal growth and reflective work can sometimes bring awareness to emotions, memories, relationship patterns, or life circumstances that feel difficult or uncomfortable.

Depending on the service, you may experience relaxation, increased self-awareness, emotional release, uncertainty, temporary discomfort, or no noticeable change. Experiences vary from person to person.

With energy-based approaches, the proposed mechanisms and potential outcomes may not be fully understood or established. There is no guarantee that you will experience a benefit.

With coaching, progress depends on many factors, including your circumstances, goals, participation, and the actions you choose to take. Coaching may help you gain clarity and direction, but it cannot guarantee specific personal, professional, financial, or relationship outcomes.

You may decline any exercise, request a break, ask questions, or discontinue a session at any time. Please tell me if you feel uncomfortable, overwhelmed, or uncertain about continuing.

If you experience significant or persistent emotional distress, or if you need care beyond the scope of my services, I encourage you to seek support from an appropriately qualified health care professional.

## **5. TOUCH AND SESSION PROCEDURES**

Sessions may take place in person or remotely, depending on the service offered.

Some energy-based sessions may involve the practitioner placing their hands lightly on or near the client's body. Any physical contact will be explained in advance, and your explicit permission will be obtained before touch occurs.

You may decline physical contact entirely without having to provide a reason. No touch will occur without your consent, and you may withdraw that consent at any time.

Remote sessions do not involve physical contact. The procedures and limitations of remote sessions will be explained before we begin.

## **6. CLIENT RESPONSIBILITIES AND PERSONAL CHOICE**

You are an active participant in deciding whether to engage in services and how you wish to proceed.

You agree to:

- Share relevant information needed to determine whether the service is appropriate for your goals.
- Communicate questions, concerns, preferences, and boundaries.
- Make your own decisions regarding your life, health, and well-being.
- Continue working with appropriate licensed professionals for medical or mental health needs.
- Understand that you may decline recommendations or discontinue services at any time.

You are not required to accept any interpretation, exercise, suggestion, or approach offered during a session. Your personal values, choices, and autonomy will be respected.

## **7. CONFIDENTIALITY AND PRIVACY**

I will treat information you share during our work as private and will take reasonable steps to protect your personal information and session records.

However, confidentiality may have legal or practical limitations. These may include circumstances in which disclosure is required by law, a valid court order, or other applicable legal obligations. Confidentiality also cannot be guaranteed when using electronic communications or third-party technology, although reasonable precautions will be taken.

If sessions are conducted by video or telephone, you are responsible for choosing a reasonably private environment and using a secure device and connection where possible.

Information about the limits of confidentiality, recordkeeping, and any applicable privacy practices will be provided before services begin.

## **8. FEES, CANCELLATIONS, AND ADMINISTRATIVE POLICIES**

Fees, payment arrangements, session lengths, cancellation requirements, and any refund policies will be communicated before you purchase or begin a service.

You agree to review and acknowledge the applicable policies before proceeding.

If a session must be rescheduled or cancelled, the applicable cancellation policy will govern. Any exceptions or changes will be communicated clearly.

## **9. REFERRALS AND APPROPRIATE CARE**

My services are not intended to replace emergency services or the care of a licensed health care professional.

If you are experiencing a mental health crisis, are at risk of harming yourself or another person, or need urgent medical attention, please contact emergency services or an appropriate crisis resource rather than relying on coaching or an energy-based session.

I reserve the right to decline, pause, or discontinue a service if I determine that it is not appropriate for your needs or falls outside the scope of my qualifications or authorization. When appropriate, I may suggest that you seek support from another qualified professional.

## 10. ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge and agree that:

1. I have read this document and had the opportunity to ask questions about the services offered.
2. I understand the nature, intended purpose, limitations, and potential risks of the service I have selected.
3. I understand that the services are not a substitute for medical care, mental health treatment, or other licensed professional services.
4. I understand that no specific outcome or result is promised or guaranteed.
5. I understand that my participation is voluntary and that I may decline an exercise, withdraw consent, or discontinue services.
6. I have had the opportunity to ask about the practitioner's education, training, qualifications, and professional boundaries.
7. I agree to communicate any concerns or discomfort during sessions and to seek appropriate professional care when needed.
8. I understand that the service I have selected will be provided only within the practitioner's applicable qualifications and legal authorization.
9. I have received or been given the opportunity to review the applicable fees, cancellation policy, and other practice policies.

I understand that this agreement is intended to support informed, voluntary participation and does not remove any rights or protections available to me under applicable law.

### Client Information

Client name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

### Service(s) Selected

\_\_\_\_\_ The Next Chapter Coaching

\_\_\_\_\_ Bengston Energy Healing Method

\_\_\_\_\_ Brainspotting

### Consent

I have read and understood this Informed Consent and Disclosure Agreement. I have had the opportunity to ask questions, and I voluntarily consent to receive the service(s) indicated above.

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner name: Nicole Nenninger

Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this signed agreement will be made available to the client. The practitioner will retain a copy in accordance with applicable recordkeeping and privacy practices.