Rebecca Tillinghast
Core Energetics Student Practitioner
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Consent & Agreements

Welcome to my Core Energetics Student Practice. This document contains important information about services and business policies. Please read it carefully and initial and sign where indicated. Signing this document constitutes an agreement between us, as well as your informed consent to begin treatment and indicates that you understand and agree to the format of this process. Please reach out with questions or concerns.

Student Practice Agreement

I understand that Becca Tillinghast is a Student of the Core Energetics Institute of New York and will be treating me as a student practitioner.

Initials _____

Services
Core Energetics

The primary method of this practice is **Core Energetics,** a holistic body centered approach to emotional support that integrates physical movement, breathing and grounding techniques, emotional pattern identification, past experience/trauma exploration, and learning to dialogue with the body.

Core Energetics is an integrative method that works with energy, consciousness and movement. The process is designed to open and balance body, emotions, mind, will and spirit (however that looks for you) and support the flow of connection between them.

My intention is to help you investigate emotional, behavioral and physical patterns that no longer serve you, so we can understand the ways in which you hold and protect yourself, thus learn to disrupt cycles and become more in tune with your authentic self.

I have read and understand that this is a Core Energetics practice.

Initials _____

Service Agreements:

Core Energetics

What you receive:

- 60 minute Zoom sessions at the frequency of your choosing (although a regular day and time is recommended)

I understand the service agreements.

Initials _____

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Billing and Payment

As a student practitioner my fee for Core Energetics Sessions is on a sliding scale of **$45.00 to $65.00** per 60 minutes due on completion of the session. The full amount will be due regardless of whether or not you arrive late.

Payment can be made by **Venmo, PayPal** or **Zelle**. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or installment payment plan, but such an arrangement must be clearly discussed and agreed upon in advance.

Cancellation Policy

A minimum of **24 hours notice** is required to cancel a session. You will be billed for any session canceled **less than 24 hours** before the appointment time. The only exceptions to this policy are illness or illness of a child under your care. Please be aware that there may be times when it will be necessary for me to re-schedule your session. I will do my best to notify you of schedule changes with ample time, but in the event of an emergency or illness, cancellations on my end may occur on the day of the session.

I understand the billing and payment agreements

Initials _____

Texts, E-mails and Calls

I strive to return texts, calls and e-mails as quickly as possible. Scheduling sessions or changing session time is best done by text.

Texts, calls and e-mails are not the best way to deal with issues or feelings that are typically brought up in the container of the session, unless it has been previously arranged as such.

Please be aware that e-mail and text are **not confidential.** I cannot be responsible for any information that might become public.

I understand the Text/E-mail/Calls agreements

Initials _____

Statement on Confidentiality

Everything you discuss with me is held in strict confidentiality. The only person with whom I may discuss your case, in an effort to ensure my work with you is free from personal bias, would be with a **therapeutic supervisor / supervision group.** Your identity however will be **protected.** All Core Energetics supervisors and Student Practitioners hold the same statements of confidentiality.

Please be aware that there are certain conditions in which the law requires that I break confidentiality which are as follows:

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- If you present an imminent danger to yourself.
- If you present an imminent danger to another person
- If there is reason to believe that child or elder abuse or neglect is present.

I understand the statement on confidentiality.

Initials _____

Client Responsibility

1) I believe in creating safe and effective containers for my clients and this means fostering self responsibility, autonomy and agency. If something is not working for you or you are dissatisfied with our work together, it is both encouraged and expected that this be brought to my attention promptly so we can work together to meet your needs

I understand my responsibility as a client

Initials _____

Termination
If you need to terminate services, I asked for **2 weeks notice** if possible. I fully understand that termination is an aspect of life. 2 weeks notice allows for us to explore the reasons. Sometimes clients terminate when they are moving into uncomfortable but valuable feelings. My intention in such a circumstance would be to support you as you navigate these feelings, and if you choose to leave, help you experience a more settled departure. However, only **24 hours** notice is **required** of you. If the provider decides to terminate services, a **2 week notice** will be provided.

I understand the termination agreements

Initials _____

Limits of Practice
1) Core Energetics is a not a form of medical treatment, nor is it in the category of traditional psychotherapy or counseling. As such I do not claim that Core Energetics be used as a substitute for any of these. If you are considering working with a psychologist, psychiatrist, psychotherapist, or counselor, you are certainly welcome to discuss this decision with me, however the decision to seek or not seek treatment in these methodologies is entirely up to you.

2) I do not provide medication(s), nor will I advise you, for or against, the use of medications. Although I may discuss medication and its effects with you, it is your responsibility to discuss

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initiation, changes, or termination of medication(s) with your psychiatrist, physician, or psychopharmacologist.

3) I do not take insurance nor can I file insurance claims on your behalf.

4) **Please note:** There are no guarantees in the work. Emotional imbalances, life struggles, or physical conditions MAY OR MAY NOT change or disappear as a result of our work together

I understand the limitations of this practice.

Initials _____

It is my intention to show you grace and respect, while trusting that the wisdom and information you provide will guide us to the best possible outcomes. I will use knowledge, experience, and compassion to support you in your journey to embodying more authentically who you are. I believe we can only support others going as deeply as we are willing to go ourselves. I continue to look for new depths within myself so I can support you in your physical, emotional, and relational endeavors. I look forward to working with you!

—Becca Tillinghast

Consent to Treatment

I understand and am in full agreement with the contents of this form AND am agreeing to treatment and services provided. By signing this form, you accept & agree to the above statements, & you release REBECCA TILLINGHAST CORE ENERGETICS STUDENT PRACTITIONER from all legal liability, & you also voluntarily consent to participate in the process.

_____

Client Name (PLEASE PRINT)

_____

Signature:

Date:

_____ _____

Basic Intake Information:

Full Name: _____

Preferred Name: _____

Preferred Pronouns: _____

Date of Birth: _____

Primary Language: _____ Other Languages: _____

Address: _____

Phone Number: _____

Email: _____

Preferred Method of Contact: _____

Occupation: _____ Relationship Status: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____