

Client Waiver and Consent Form

Counselling

Session Date: _____

Name: _____

Date of Birth: __/__/____ Sex (M) (F) Age: _____

Address: _____

City: _____ State: _____ Code: _____

Phone: _____ Email: _____

Marital status: _____ Number of Children: _____

Occupation: _____

How did you find out about Agnieszka? _____

The reason for your session? _____

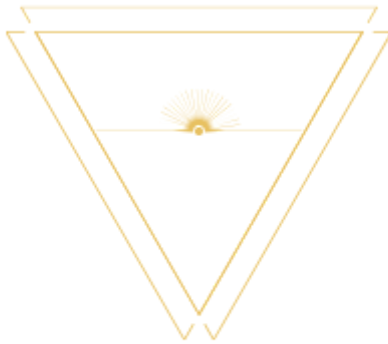
Have you ever been to counseling or psychotherapy before? _____

Do you have difficulty hearing? (Y) (N)

I voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Agnieszka Lipinski is not a doctor, nor has a degree in Psychiatry, and can neither diagnose or treat any type of physical or mental disorder.

1. I am participating in the counselling session by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operator in my counselling experience.
3. I understand that any suggestion that is made during this session is only a part of a personal and educational motivation program, and is only informative.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
5. I understand that this counselling session is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist.
6. I understand that transformation is a process and that it can take time.

* DISCLAIMER: Counselling is not intended to cure any specific condition. I make absolutely no claims of a cure for any disease. Individual results may vary. Each session is unique and its success depends on your cooperation and faith in the process.



Client Consent Form

1. I am willing to participate in the counselling process. I am aware that counselling is non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand that change is my own and complete responsibility. I understand that all healing is self-healing and that Agnieszka is only a facilitator in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
3. I understand and agree that I am fully responsible for my own well-being during my counselling sessions, and subsequently, my choices and decisions.
4. If I experience pain or discomfort during the session, I will immediately inform my therapist. I will not hold my therapist responsible for any pain or discomfort I experience before, during or after the session.
5. I affirm that I have notified Agnieszka of all known medical conditions and injuries.

6. I agree to inform Agnieszka of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

7. I understand my medical information and treatment notes may be released to other, third-party, health practitioners whom I agree for my therapist to refer me to.

8. I agree that my therapist will need to disclose my personal information, if required to by law.

9. I understand that the use of technology is not always secure and accept the risks of confidentiality in the use of email, text, phone, Zoom and other technology.

10. Agnieszka reserves the right to refuse access to the service.

11. By signing this release, I hereby waive and release Agnieszka from any and all liability, past, present and future relating to this treatment.

I understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ Counselling techniques and any other appropriate modality by Agnieszka Lipinski. Therefore, I do hereby release and discharge Agnieszka Lipinski from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I have received and read this Client Information and Agreement Form and understand what I have read:

Client Signature: _____ Date: _____

I am an Integration Counsellor. I commit to you that I will utilize all of my skills to help you. You have my assurance of my full integrity, professionalism, safety, confidentiality and respect.

All sales are final and no refunds will be given.

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Technology Set Up for your Online ZOOM Counselling Session

Review this *Technology Setup for Your Online Zoom Counselling Session 2 days prior to your session*

Equipment for ZOOM Session:

1. **Laptop** with a camera positioned so I can see your face and body clearly. **PLUG YOUR DEVICE IN DURING THE SESSION.**

2. **Headset** with a movable microphone in front of the mouth. No ear buds or gaming headsets.

Software requirements:

1. **Download ZOOM app.**

2. Test your speaker and microphone before our call in the ZOOM App.

3. Arrive at least 5 minutes early to the session.

4. I will invite you in at the time of our session.

Location:

- 1.Allow up to four hours for your session.
- 2.Find a quiet, comfortable place for your session.
- 3.Prevent interruptions -no pets or people in the room.
- 4.Mobile phones should be placed in airplane mode.

Day of Your Session:

- 1.Arrive a few minutes early for your session.
- 2.Use the link in the email and log onto Zoom a few minutes early to make sure your speaker, microphone and camera are set as you want in the Zoom App.
- 3.I will invite you in at our scheduled time.

Questions? Email me: heal@agnieszkalipinski.com

I am looking forward to our session together!