

Terms of Therapy, Waiver of Liability, and Confidentiality

Client's Name:.....
Contact no:.....
E-mail:.....

Terms of Therapy

- 1. The person requesting help must read and sign the Waiver of Liability and Waiver of Confidentiality.
- 2. Payment is due upon arrival in the office.

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Initials

Waiver of Liability

The Client acknowledges the following regarding Dr. van den Berg and the Therapy Sessions.

- 1. This Therapy entails the Socio Cognitive Neuroscience Approach of which the areas of analysis include: The social level, including both motivational and social factors; The cognitive level, focusing on information processing mechanisms influencing social-level phenomena and; The Neural level, concerned with the brain mechanisms underlying cognitive-level processes, therefore the health and diet of the Client is also of concern. The Therapy is however based on prayer and applied through Prayer Ministry where applicable.
- 2. The faith and conviction of the Therapist is in the Creator of this Universe: The God of Israel and in His Son, Jesus Christ through the dynamic working of the Holy Spirit of God.
- 3. I understand that I will commit to assist my own level of therapy by completing the forms given to me by Dr. van den Berg and complying to the expectations set during Therapy, and supplying my full cooperation and consent.
- 4. I understand that I hold the right to discontinue the Therapy whenever I am convinced that it is not aiding my process toward wholeness any longer.
- 5. I understand that if I need to cancel the appointment for any reason, I have to let Dr van den Berg know in advance so as to give someone else the opportunity to take the appointment. If not, the session must be paid in full.
- 6. I understand that the Therapy sessions are strictly during times of appointments. I can however stay in contact between sessions via e-mail and sms's to Dr van den Berg. I will respect her privacy and will not come to the Practice outside of Therapy session's scheduled times.
- 7. I understand that Dr van den Berg is making no guarantees about the success of the Therapy process.
- 8. I understand that this is not traditional Therapy and waive any right to hold Dr van den Berg legally liable for the results of this Therapy Process.

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Initials

Waiver of Confidentiality

Dr van den Berg may discuss details of the Therapy sessions with involved other when it is discerned that either the Client's life or someone else's is in danger. Otherwise with consent, when seeking added assistance in order to aid the Client's growth toward wholeness. She may then discuss the sessions and forms (where applicable) with the referred specialists, e.g. Dietitian, Medical Practitioner, Psychiatrist or other Therapist.

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Client's Signature
Client's Signature

The Client acknowledges the following by his or her signature:

- 1. I may be referred to by other sources of Therapy, counseling or support.
- 2. That all statements made are confidential, including all written information and that legally and ethically these may not be disclosed without written consent, except in the above specified exception.
- 3. I have read the Terms of Therapy, Waiver of Liability, and Waiver of Confidentiality.

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Client's Signature

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Date