



Wholistic Counseling & Therapy Services

Located at:
The Wholistic Kinesiology Institute
9809 Candelaria NE,
Albuquerque, NM 87112
Center phone (505) 275-9809

Lisa K. Jackson, MA, NCC, LMHC
New Mexico License # 0099761
Certified HeartWorks Energy Practitioner
Empathic Healer/Spiritual Advisor

Practitioner Confidential Phone:
(505) 417-6744

Disclosure & Treatment Agreement

This statement outlines my qualifications, explains the benefits and limitations of therapy/healing, and outlines various therapeutic techniques that may be used to enhance therapeutic goals. This statement includes a treatment agreement that identifies important information about your treatment and the working relationship we will have as partners in your healing work.

Qualifications:

I hold a Master's Degree in Counseling from the University of New Mexico; am a Licensed Mental Health Counselor (LMHC) in the state of New Mexico, and recognized as a Nationally Certified Counselor (NCC). I have practiced in the clinical counseling field since 2005 working with women, men, and adolescents with a clinical emphasis on anxiety, depression, self-esteem, relational problems, and crisis intervention. I hold a certificate from the Rocky Mountain Institute of Healing Arts in a unique energy-healing practice called the "Heart Works Approach" and am currently earning certification in Spiritual Counseling and Wholistic Kinesiology.

Benefits and Limitations:

My role as a therapist is to reduce barriers, increase awareness and insight, reflect hope and encouragement, and teach strategies that allow you to make shifts from ineffectual functioning to creating a sustainable and fulfilling life. Therapy, healing work, kinesiology, and other treatment modalities are intended to identify imbalances in your physical, spiritual and emotional systems, and determine what is needed to assist you in regaining that balance. In no way are treatments intended to be a replacement for appropriate medical or mental health services. If you have a serious mental health or physical health issue it is your responsibility to communicate this information to the practitioner and to seek out appropriate medical services.

What you can expect during a Session:

You can expect to be treated with dignity and respect. Our work together is a partnership in your wellness and healing. My role is not to tell to you how to live but to assist you in opening to the many possibilities that lead you toward achieving your identified goals. In drawing from traditional counseling, energy healing, and spiritual counseling modalities the essential goal of our work is to unblock energies/thoughts/behaviors that may be preventing you from living a fully healthy, joyous life. I may use techniques or skills from my training that could include, but are not limited to: EFT (Emotional Freedom Technique), muscle testing (Kinesiology), intuitive or spirit guided interventions, visualization, art work and other forms of creative expression, body movements, nutritional supplementation and other resources that allow me to facilitate your healing process. I may also teach you several techniques that you can use to support yourself during your healing work.

Your Rights:

You have the right to end treatment at any time; the right to file a grievance with the New Mexico Counseling and Therapy Practice Board at: 2550 Cerrillos Road, Santa Fe, NM 87505, (505) 476-4610 or (505) 476-4633 Fax. You have the right to confidentiality** . You have the right to be treated with dignity and respect; you have the right to feel safe and to know it is unethical for therapists to have social relationships with their clients; it is also unethical for any therapist to engage in any form of sexual relationship with any client prior to two years following the end of a therapeutic relationship. If you have any concerns or questions about our work together I hope that you will bring your concerns to me so that we can address them immediately.

****Confidentiality:**

As a licensed clinician, I adhere to the national standards for my field. Any information you share with me, including the fact that we are working together, will be held in the strictest confidence. I will not discuss your issues with anyone without your express (written) permission. There are a few exceptions to this; if you disclose to me knowledge of abuse or neglect of a child (past or present); or disclose knowledge of abuse or neglect of a vulnerable adult, such as an elderly or disabled person, I am obligated by law to report these incidents to the proper authorities. You will be notified if a report is to be made. I may also be obligated to break confidentiality if you disclose of the possibility of harm to yourself or others. Finally, there may be times when I discuss aspects about your case with my colleagues in an effort to provide the most effective care possible. I will advise you, when appropriate to do so, if I intend to seek out assistance from another practitioner; I will never include your name or other identifying information.

Treatment Agreement:

Your participation in our work together is voluntary. You may stop at any time with or without notice. If at anytime I am unable to continue working with you for any reason I will inform you in the most respectful and professional way possible and offer appropriate referrals as needed.

Fees: Hourly rates for services rendered are \$65 payable at the time of service. Acceptable forms of payment are cash, checks, and credit cards. Sessions range from approximately 1 to 1 ½ hours and are billed in a pro-rated manner (e.g. a session that is 1 ½ hours in duration will be billed at \$97.50). Groups are \$25 per session unless otherwise specified. If supplements are recommended as part of your treatment plan and you choose to purchase the available products offered by your practitioner you will be charged the retail price as indicated on each product. In some cases, product can be broken down into total dosage needs, in an effort to be more cost effective and avoid wasting unused product.

Cancellations: Clients are responsible for their appointments. If you are unable to keep your appointment please notify your practitioner at least 24 hours in advance whenever possible. Clients who do not show for appointments and do not call to notify the practitioner are considered “no-shows”. If you accumulate three (3) “no-show” status appointments your chart will be closed.

Finally, you agree to be responsible for your own healing/experience and adhere to medical or other clinical recommendations as appropriate for your physical and mental wellbeing. Our work together is an effort to facilitate your healing process, and though I will do my very best to assist you, there are no guarantees that you will be completely relieved of all negative symptoms.

Your signature below is an acknowledgment that you have read and understand the contents of this document. If you have questions or concerns please address these with me so that we can resolve them as soon as possible.

I am glad you have chosen to seek support for your healing. It is my privilege and honor to have this opportunity to work with you during your journey.

Love and Light, Lisa Jackson

I, _____, understand and agree to the terms of this disclosure/treatment agreement.

Signature: _____

Dated: _____