



OmTara Counseling  
Ashley C. Collins  
[omtaracounseling@gmail.com](mailto:omtaracounseling@gmail.com)  
503-381-4562

## **AGREEMENT FOR SERVICES**

### **OUR COLLABORATIVE JOURNEY**

Welcome! It's important before we begin our work together that you are clear about what you can expect from counseling. This consent to treatment and disclosure statement will inform you about my background, fees and your rights and responsibilities as a client. I am happy to answer any questions you might have about the information included on this form.

### **OFFICE POLICIES AND GENERAL INFORMATION**

Agreement for Services – This could look like you, the client, noticing your own internal body-sensations, the use of blankets or other props, or safe and therapeutic touch. The particular form of touch used by Hakomi somatic/body-centered work is used at specific times during therapy to either support the body and/or to facilitate a deepening of experience. The type of touch used in Hakomi is very respectful. It is not massage nor does it involve any removal of clothing. It is non-invasive and is usually only done for short periods of time. Other kinds of touch include compassionate touch and hand-holding. All effort is made to ensure that touch is done with client permission and cooperation, and discontinued immediately should it become unwelcome. Touch of a sexual nature is never appropriate from either client or therapist.

### **FORMAL EDUCATION AND TRAINING:**

- M.E.T.A. (Mindful Experiential Therapy Approaches) Hakomi Institute of Oregon: graduated May, 2019
- Death Doula Training, A Sacred Passing, 2016
- Certified Professional Coach: World Coaching Institute, 2015
- Masters Degree In Education, Saint Michael's College, Winooski Vermont, 1993

### **PROFESSIONAL DISCLOSURE**

I do not assess, diagnose or treat mental health disorders. Given the nature of my practice, I have chosen to operate as "exempt from licensure." If you have specific mental health concerns, I am happy to connect you with like-minded, licensed mental health professionals.

### **CONSULTATION**

I consult regularly with other professionals regarding my clients; however, client's identity remains completely anonymous, and confidentiality is fully maintained.

### **CONFIDENTIALITY**

All information disclosed within sessions and the written records related to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

**Client Initials:** \_\_\_\_\_

**Date:**



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### **EXCEPTIONS TO PRIVACY**

It is important for you to know that some things, by law, cannot be kept private. They include the following: 1) If I learn that you intend to harm yourself, I will inform other people who can help you to protect yourself. 2) If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you. 3) If you were to bring suit against me, I may need to break confidentiality in a legal defense. 4) If I learn that you have harmed a child or elderly or disabled person, I will make a report to authorities. I may inform family members, other health care providers or the police. Oregon law does not require me to report your intention to hurt another, but I reserve the right to tell that person if I believe they are in danger. 5) Providing information concerning case consultation or supervision.

### **LENGTH OF THERAPY**

How long therapy will last depends on your personal growth goals. Some people are more drawn to Integration work that last a few sessions, others wish to explore deeper through Hakomi and coaching that may last for much longer. We will evaluate the process together from time to time, to see what has been useful and how your needs might have changed. You have the right to end therapy at any time. Hopefully, we will agree on when to conclude our work together and can have a few sessions to focus on completion.

### **FEES**

I accept cash, checks, PayPal and credit cards. I may raise my fee during the course of your counseling, and if so I will discuss this with you in advance. I do not bill insurance. If desired, I will provide a receipt upon request.

### **CANCELLATION POLICY**

If you miss an appointment or cancel with less than 24 hours notice, you will be asked to pay the full appointment fee.

### **RISKS TO COUNSELING**

Counseling is not without risk. Some people experience an increase in feelings of stress, especially during the early stages of counseling. Exploring long-standing, deeply seated issues can sometimes initially seem to aggravate rather than help the issue. Some people find themselves feeling emotions and having insights that are new and uncomfortable, sometimes leading to feelings of discouragement and thoughts of quitting counseling. Some people are surprised by how others in their lives respond as counseling progresses. These dynamics are natural and to be expected. You may also experience other unique consequences of counseling. I encourage you to talk with me about them as and if they occur.

### **EMERGENCIES**

If there is an emergency during our work together, or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or

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others and to ensure that you receive the proper medical care. For this purpose I may also contact the person whose name you have provided on the biographical sheet.

### **PHONE CALLS**

My business phone number is (503) 381-4562. I prefer text messaging if possible. I may not always be able to answer my phone, but do check my messages regularly and will try to return your call within 24 hours. I am not equipped or licensed to provide emergency mental health services. If you need an immediate response or assistance please call the Multnomah County Crisis Line at (503) 988-4888 or call 911.

### **YOUR RIGHTS AS A CLIENT**

Your safety and comfort are my foremost concern. It is therefore important that boundaries are clear and honored in both bodywork and counseling. To these ends, and under the ethical code of professional relationship, any kind of sexual contact or activity between therapists and clients during the course of therapy is prohibited. The methods of touch in which I have been trained are done consciously, non-sexually, and always with your consent. However, if you ever feel uncomfortable in any way, it is important that you communicate that to me. You always have the right to stop or change any procedure at any time for any reason. You always have the right to know, beforehand, what methods will be employed. You always have the right to ask, at any time, any questions that arise for you.

### **CONSENT FOR THE USE OF TOUCH IN THERAPY**

By signing below you are acknowledging that you understand the following: that your therapy operates in a somatic/body model and that within that model a specific method of touch is available to you. You have received and read the statements that explain a holistic and body-oriented approach and which outline your rights as a client. You understand that touch, whenever used, is done consciously, non-sexually, and always with your consent. You further understand that you have the right at any time for whatever reason to modify or stop any methods of touch. You also understand that You may revoke, at any time, this agreement. Based on these understandings, you chose to incorporate the use of touch in our work together.

### **CONSENT TO TREATMENT**

By signing below you are confirming that you understand and agree to the policies and terms outlined in this document, have had the opportunity to have your questions answered, and understand the limits of confidentiality. I look forward to our work together!

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date:

Ashley C. Collins: \_\_\_\_\_

Date:

Client Initials: \_\_\_\_\_

Date: