

Soul Studies Institute, Inc.  
Community Clinic  
**Registration and Informed Consent**

Welcome to the Soul Studies Institute Community Clinic - a place for those in our community to receive counseling and therapy as part of *interns in training* program for students becoming certified as Florida licensed therapists and/or certification for Transpersonal/Therapeutic Life Coach/Recovery Coach through Soul Studies Institute. Interns working in our clinic are supervised by Wendyne Limber, MA, LMFT - approved supervisor for the State of Florida.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Can we leave message on this phone? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soul Studies Institute is a training center school offering guidance, coursework, mentorship, practicum and training toward those working on BA/MA Degrees and/or Life Coaching Certificates. Our student interns work with clients for their fieldwork and internship requirements under supervision as part of their course requirements.

**INITIAL VISIT:**

After your initial visit, and the completion of a Life and Family History, the student intern will design an individualized plan for you (or your child and/or family) so that you will be able to focus on the meaning and purpose of therapy. You and the student intern will discuss and design this plan together, giving you an opportunity to add any goals or objectives of your own.

**THERAPY AND EDUCATION:** Individual sessions with the student intern are usually 50-60 minutes in length. Student interns are being trained in traditional psychotherapy as well as transpersonal psychotherapy and the expressive creative arts. Please be informed that the expressive creative arts include drama therapy, writing art, movement, dance, sound, music, meditation and guided visualization.

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**THERAPEUTIC TOUCH:** Many of the expressive therapeutic arts involve touching or being touched by the student intern. Said touch may include handholding, hugging, tapping, leaning on one another, and similar non-sexual touching. The student intern will take all normal precautions to maintain physical safety during sessions but clients must assume all risk of accident resulting from unintentional movements.

**FEES:** Fees for the Soul Studies Community Clinic are low cost according to your ability to pay. You and your student intern therapist will decide on the amount. We recommend your payment be \$10-\$40 per session. Your payment is required at the time of service, in cash, debit or credit card or check written to Soul Studies Institute.

Insurance does not cover sessions with a student intern; however, it may cover or reimburse you for other services or group work at Solutions Center for Personal Growth, Inc.

**MISSED APPOINTMENTS AND CANCELLATIONS:** We ask that if you must miss an appointment or need to cancel a session with your student intern for any reason, please give at least 24 hours notice. Your appointment has been saved just for YOU, and we appreciate your respect of our time and energy preparing for you.

**TELEPHONE CALLS/TEXTING BETWEEN SESSIONS:** It is the responsibility of your student intern to make appointments with you and contact you about your appointment times. You may call Soul Studies Institute housed in Soulville Center in Stuart, Florida (772.220.1515) to leave a message for your student intern or to check on an appointment time. We discourage intern clients and student interns from talking on the telephone, texting or emailing between sessions concerning *therapeutic* concerns so that all contact can remain clinical and be handled appropriately.

**EMERGENCY SITUATIONS:** If you have an emergency concerning your mental/emotional health during your work with us please let us know what is going on. Your student intern, Wendyne Limber or clinical Staff will return your call as soon as possible. If you are in an emergency situation and are not able to reach your student intern or Wendyne Limber, please call 911 or take yourself to the emergency room at any of the local hospitals.

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**AUTHORIZATION AND CONFIDENTIALITY:** Due to the fact that you are participating in the Soul Studies Community Clinic *interns in training* process, please be informed that by signing and consenting to treatment through our community clinic, you are giving permission to release information to Wendyne Limber, MA, LMFT and other *students/interns in training* enrolled in Soul Studies supervision course. This information includes information about you, family issues and other important information that becomes part of your therapy and treatment.

In regards to other issues of confidentiality, the student intern keeps confidential all information regarding your work here, Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

**OTHER:**

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**AGREEMENT and INFORMED CONSENT**

My signature below indicates that I have read and understand the information above and have had the opportunity to discuss this information with the undersigned student intern to my satisfaction. I am aware of policies concerning fees for services, payment of fees, confidentiality and informed consent, therapeutic touch, release of information, missed appointments, cancellations, telephone calls/texting between sessions and emergency situations. I commit myself to compliance with these policies.

I have agreed to this payment each week: \_\_\_\_\_

I hereby authorize the student *intern in training* under the supervision of Wendyne Limber, MA, LMFT, RDT, to administer treatment which may include coaching, psychotherapy, expressive therapy and/or educational services to me (or my child

\_\_\_\_\_ myself and/or my family.)

I will be responsible for all charges for services provided by this student intern and Soul Studies Institute, Inc.

I am giving permission to release any personal information about myself, my child and family in the content of the sessions with student intern to Wendyne Limber and the supervision course intern students in training.

I understand that my therapeutic sessions may utilize the expressive creative arts, which may involve touch or being touched by the student intern as described above. I understand that the student intern will take all normal precautions to maintain safety of myself, my child and family during the sessions and that I assume all risks of accident resulting from unintentional movements.

I understand that if I am committed to this personal work, and I fully participate in all of the presented experiences and assignments, our lives may become more peaceful, joyful, meaningful and wonderful.

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Name of Intern Client. PRINT PLEASE.

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Signature of Client and/or Parent or Guardian

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Date

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Name of Student Intern Therapist or Coach. PLEASE PRINT.

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Signature of Student Intern Therapist or Coach

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Date

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Wendyne Limber MA, LMFT

Date