**Julia M. Hoffman, MA, NLP**

**Transpersonal Healer ~ Spiritual, Intuitive, Energy Healing Practitioner**

**Austin, TX 78704**

**512.318.3382 (cell) www.juliamhoffman.com**

**Disclosure Statement and Confidentiality Agreement**

**Qualifications**: I am a Certified Neuro Linguistic Programming (NLP) Practitioner through AUNLP™. I have my Master of Arts Degree in Counseling Psychology from Sofia University (formerly Institute of Transpersonal Psychology). Sofia University is located in Palo Alto, California and it embodies a transformative education focusing on whole person psychology through means of body, mind, emotions, creative expression, spirituality, and service. During my practicum at Oak Hill Counseling Center, I worked mainly with Play and SandTray Therapy modalities with children, adolescents, and adults. I am currently working on licensure in the state of Texas, becoming a certified hypnotherapist through ASCH (American Society of Clinical Hypnosis) and AUNLP™.

**Nature of Sessions**: My passion for helping others includes transpersonal healing aspects of psychology where I find that our human psyche experience is comprised of body, mind, spirit, and soul, which is driven by our heart. Whether working with children, adults, families, or couples I agree with Carl Rogers that “it is the relationship that heals.” My philosophy is based on the Metaphysical, Carl Rogers’ person-centered therapy and Jungian psychology. I believe the client knows his/her own truth and has the innate ability to heal. I hold a loving, nonjudgmental, and empathic space for my clients to explore their world. In our time together we may explore mindfulness, meditation, creative expression, crystal energy healing work, hypnotherapy, intuitive readings, dream work, dance, poetry, music, and traditional talk approaches. I allow Spirit to work through me and channel information and energy from the Divine for the highest good of all involved. It is my goal to help you remember your Divine essence, which is LOVE. I believe we are all are on our own unique journey and I hope to illuminate that path for my clients towards a loving, meaningful life and promote healthy well-being.

***Use of Insurance:*** I currently do not accept insurance. I do offer a sliding scale for those that demonstrate financial hardship.

**Cancellation Policy:** Please allow 48 hours notice if you decide to cancel a session so that I have time to schedule others in your place. Although I will take into consideration personal emergencies and extenuating circumstances, fees will still be charged for sessions missed without 48 hours notice.

**Email:** Email may be used for scheduling and informational purposes but not for emergencies. Please call 911 or another emergency service, such as 472-HELP, if you need immediate assistance. Although all considerable measures have been taken to ensure confidentiality of emails sent and received, please be aware of the risks taken when sharing personal or confidential information via email.

**Payment:**

\_\_\_\_\_\_ I agree to pay $75 per 50 minute session/$85 for Couples/$100 for Family

\_\_\_\_\_\_ I agree to pay $100 per 80 minute session/$110 for Couples/$125 for Family

\_\_\_\_\_\_ Other, I agree to pay $\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_ minute session

*Disclaimer: Sessions are not in any way intended to be a replacement for diagnosis or treatment of any diagnoses. Persons with mental disabilities or mental illnesses should seek psychiatric care. Sessions service and teach skills for self-improvement and self-exploration; therefore their effectiveness depends on the client and no guarantee can be made regarding the results of their use.*

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates that I accept the conditions of sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature, if client is under the age of 18 Date