

Northstar Holistic Services, LLC
1405 NW 85th St. Suite 5 • Seattle WA, 98117
206-799-4372
info@NorthstarHolistic.com
www.NorthstarHolistic.com

CONFIDENTIAL CLIENT INTAKE FORM

Date of first appointment: _____

Name: _____
(please print)

Address: _____

Phone Number: _____

Email Address: _____
(optional)

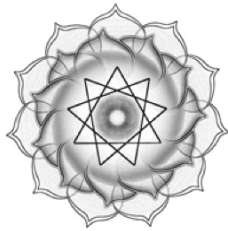
Where did you hear about Northstar Holistic Services? _____

Do you have prior experience with The Work of Byron Katie? Y ___ N ___

Do you practice other stress-reduction techniques? Y ___ N ___ If so, please list:

Please list any goals you have or issues you would like to address in our sessions:
(Attach another sheet if necessary)

Notes or Special Arrangements (Office Use):



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SELF-INQUIRY COUNSELING GUIDELINES, POLICIES, AND DISCLOSURES STATEMENT

INTRODUCTION

In accordance with Washington State law, Northstar Holistic Services LLC is providing you with this written disclosure statement and copy of our office policies. After you have read this and have asked any questions pertaining to its contents, please sign in the appropriate space on the last page. You will be given an initialed copy for your records.

BACKGROUND AND EXPERIENCE

Jay Easton is a graduate of The School for The Work of Byron Katie, and he has extensive experience in practicing and facilitating The Work, including many days of participation in workshops with Katie herself. He provides counseling to individuals and couples through facilitated self-inquiry, using The Work of Byron Katie. He is a Registered Counselor in the State of Washington (Certification #RC00054450), and also holds undergraduate and graduate degrees including a Doctorate of Musical Arts from San Diego State University and the University of Washington.

CLIENTS' RIGHTS

Individuals seeking treatment have the right to choose the counselor and methods that best suit their needs. You are invited to ask questions regarding our treatment methods so that you will be fully informed and knowledgeable. You have the right to decide whether or not to work with us, and also the right to discontinue treatment at any time. If you would like referrals to another counselor, we will provide you with names and try to assist you in the process of finding someone who meets your needs.

DESCRIPTION OF COUNSELING METHOD: The Work of Byron Katie

“Being free doesn’t come from learning new concepts.

It is who you already are once your limiting beliefs have been met with understanding.” -Byron Katie

Northstar Holistic Services offers Guided Self-Inquiry Counseling using "The Work" of Byron Katie, as facilitated by Jay Easton. The Work is an extraordinarily powerful and direct way to clear the mind of stressful thoughts, and it can serve anyone who is committed to finding peace. The Work is effective because it is amazingly simple: it is only four questions and a “turnaround” that show us how our unquestioned painful thoughts affect our lives and how investigating these thoughts can set us free from the stress they cause. Facilitator Jay Easton provides personal guidance in this process to help the client learn how to apply self-inquiry in a simple, gentle, ongoing way. Appointments can accommodate individuals or couples. Those who allow The Work to serve them have found that stress becomes a thing to laugh at, relationships dramatically improve, and peace becomes a fundamental, ongoing option. Detailed information about The Work is available in Byron Katie's "Little Book" (available as a free download at http://www.northstarholistic.com/self-inquiry_counseling.html) and is fully explained in her book *Loving What Is*.

APPOINTMENTS

How frequently we meet will depend on each individual's situation and will be open to discussion. It is most common to meet once or twice a week until your self-inquiry becomes self-sustaining. Once we decide to work together and find appointment times that are workable, these times will be consistently held for you whenever possible.

CANCELLATIONS

Cancellation of an appointment must be made by calling 206-799-4372 at least 48 hours in advance (except in cases of illness), or it will be considered "Late Notice." In cases of illness, cancellations must be made by no later than 8pm the night prior to the scheduled appointment, or it will be considered "Late Notice." The fee for Late Notice Cancellation is \$40. If no notice is given, or if the cancellation occurs less than 3 hours before scheduled time, the regular session fee will be due in full.

There is no charge for sessions which are cancelled due to official holidays or vacations scheduled in advance.

FEES AND PAYMENTS

The fee for both initial and subsequent sessions is \$95.00 per 70-minute session. In special cases, appointment times and fees may be adjusted by mutual written agreement. The full fee is collected at the time of service unless we have made prior arrangements, and may be paid by cash, check, or online transfer through PayPal. Checks denied for lack of funds will incur an additional fee of \$25.00.

Satisfaction is guaranteed: if you feel your first facilitation session is not helpful, there will be no charge and I will gladly try to help you find another facilitator or counselor to work with.

THIRD PARTY COVERAGE

We could not be nearly as effective if we allowed ourselves to be limited to methods that are "approved and covered" by insurance companies. Therefore, we cannot accept payment directly from third parties. However, some insurance programs will reimburse all or part of the cost of counseling directly to the client if a copy of the receipt for the session is submitted to the insurance company.

CONFIDENTIALITY

Information revealed by you in the process of counseling is confidential. Neither the fact that you are in counseling nor the details of your counseling will be revealed without your permission. Information concerning our professional relationship can only be released after you have given such permission in writing. This confidentiality has the following exceptions, as required by Washington State law:

- (1) With the written consent of the client or, in the case of death or disability, the client's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the client's life, health, or physical condition;
- (2) That a counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
- (3) If the client is a minor, and the information acquired by the counselor indicates that the minor was the victim or subject of a crime, the counselor may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
- (4) If the client waives the privilege by bringing charges against the counselor;

(5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW (Regulation of Health Professions); or

(6) As required under chapter 26.44 RCW: In the case of a minor client, information indicating that the client was a victim of a crime *may* be released to the proper authorities.

Additionally, as part of providing quality services, I may consult with other professionals or receive supervision from a fellow practitioner. In such instances, identifying information is omitted.

DISCLOSURE STATEMENT

Counselors practicing counseling for a fee must be registered with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the law regulating counselors is: (i) To provide protection for public health and safety; and (ii) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

RESPONSIBILITIES AND ETHICS

As a counselor, I will do my best to uphold the highest ethical and professional standards. If you have any concerns about the course of your counseling, please discuss them with me. You may, at any time, refuse treatment, request a change in your counseling, or ask for a referral elsewhere. If you believe that I have acted in any unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved.

The following conduct, acts, or conditions constitute unprofessional conduct under Washington State law for any registered counselor:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

- (8) Failure to cooperate with the disciplining authority by:
 - (a) Not furnishing any papers or documents;
 - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
 - (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
- (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
- (23) Current misuse of:
 - (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

Questions may be directed to:

Department of Health
Business and Professional Administration
PO Box 9012
Olympia, WA 98405-8001
(360) 753-1761

RIGHT OF REFUSAL

We reserve the right to refuse treatment to anyone. This includes but is not limited to anyone who requests treatment or services that are outside of the scope of my practice or that violate my ethical and professional standards. We will exercise this right when any client arrives for a session under the influence of alcohol or recreational drugs; in such cases We reserve the right to charge for the session time, whether or not services were rendered, if we so choose.

OFFICE POLICIES

Out of courtesy for our fellow practitioners and their clients we ask that during your visits you:

- 1) Do not leave children unattended in the waiting room or hallways of the building.
- 2) Please keep conversations and other sounds at a quiet level when in the building.
- 3) Close the doors of the waiting room very gently, since they can really shake the walls and disturb sessions taking place in the adjoining offices.
- 4) Do not park in the Naturopathic Clinic's lot behind the building between 10am and 5pm on weekdays. Free parking is available on the street all around the block. It is OK to use the lot on evenings, weekends, and holidays.

AGREEMENT

I have read and understand this disclosure statement. I have discussed my questions with the counselor and have had any concerns addressed. I give my consent for counseling.

Client Signature Date

Counselor Signature Date

OPTIONAL WAIVER OF CONFIDENTIALITY

Information revealed by you in the process of counseling is confidential. Neither the fact that you are in counseling nor the details of your counseling will be revealed without your permission. Information concerning our professional relationship can only be released after you have given such permission in writing.

If you would like to waive this right and give permission to Northstar Holistic Services LLC and its officers and employees to release relevant information we obtain from you in the process of counseling, please sign and date one of the options below:

[] OPTION ONE: GENERAL WAIVER OF CONFIDENTIALITY

I hereby give permission to Northstar Holistic Services LLC and its officers and employees to share relevant information I have revealed in the process of counseling to others, including but not limited to my family members and my other counselors, doctors, or other healthcare and wellness practitioners who request such information to better develop their own approaches to working with me.

Client Signature Date

[] OPTION TWO: SPECIFIC WAIVER OF CONFIDENTIALITY

I hereby give permission to Northstar Holistic Services LLC and its officers and employees to share relevant information I have revealed in the process of counseling to *only* the person(s) listed below:

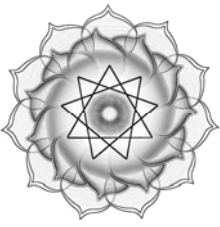
1) _____
Name relationship to client phone or email (optional)

2) _____
Name relationship to client phone or email (optional)

3) _____
Name relationship to client phone or email (optional)

4) _____
Name relationship to client phone or email (optional)

Client Signature Date



The Judge-Your-Neighbor Worksheet

Judge your neighbor • Write it down • Ask four questions • Turn it around

This Worksheet Distributed by

Northstar Holistic Services • www.northstarholistic.com • 206-799-4372

Fill in the blanks below, writing about someone whom you haven't yet forgiven one hundred percent. (Do not write about yourself yet.) Use short, simple sentences. Don't censor yourself—try to fully experience the anger or pain as if the situation were occurring right now. Take this opportunity to express your judgments on paper.

1. Who angers, confuses, or disappoints you, and why? What is it about them that you don't like?

2. How do you want them to change? What do you want them to do?

I want _____

3. What is it that they should or shouldn't do, be, think or feel? What advice could you offer?

_____ *should/shouldn't* _____

4. Do you need anything from them? What do they need to do in order for you to be happy?

I need _____ *to* _____

5. What do you think of them? Make a list.

_____ *is* _____

6. What is it that you don't want to experience with that person again?

I don't ever want to _____

Instructions for Doing The Work

Do you really want to know the truth? Investigate each of your statements using the four questions and the turnaround below. The Work is a meditation. It's about awareness; it's not about trying to change your mind. Let the mind ask the questions, then contemplate. Take your time, go inside, and wait for the deeper answers to surface.

The Four Questions

1. **Is it true?**
2. **Can you absolutely know that it's true?**
3. **How do you react when you think that thought?**
4. **Who would you be without the thought?**

Here's an example of how the four questions might be applied to the statement, "Paul should understand me."

1. **Is it true?** Is it true that he should understand you? Be still. Wait for the heart's response.
2. **Can you absolutely know that it's true?** Ultimately, can you really know what he should or shouldn't understand? Can you absolutely know what's in his best interest to understand?
3. **How do you react when you think that thought?** What happens when you think "Paul should understand me" and he doesn't? Do you experience anger, stress, frustration? Do you give him "the look"? Do you try to change him in any way? How do these reactions feel? Does that thought bring stress or peace into your life? Be still as you listen.
4. **Who would you be without the thought?** Close your eyes. Picture yourself in the presence of the person you want to understand you. Now imagine looking at that person, just for a moment, without the thought, "I want him to understand." What do you see? What would your life look like without that thought?

The Turnaround

Next, turn your statement around. The turnarounds are an opportunity to consider the opposite of what you believe to be true. You may find several turnarounds.

For example, "Paul should understand me" turns around to:

- Paul *shouldn't* understand me. (Isn't that reality sometimes?)
- I should understand me. (It's my job, not his.)
- I should understand *Paul*. (Can I understand that he doesn't understand me?)

Let yourself fully experience the turnarounds. For each one, ask yourself, "Is that as true or truer?" This is not about blaming yourself or feeling guilty. It's about discovering alternatives that can bring you peace.

The Turnaround for Number 6

The turnaround for statement number 6 is a little different:

"I don't ever want to experience an argument with Paul again" turns around to:
I am willing to experience an argument with Paul again.
and I look forward to experiencing an argument with Paul again.

Number 6 is about welcoming all your thoughts and experiences with open arms. If you feel any resistance to a thought, your Work is not done. When you can honestly look forward to experiences that have been uncomfortable, there is no longer anything to fear in life—you see everything as a gift that can bring you self-realization.