

**Joy Centers Healing Association**



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

Name: \_\_\_\_\_ Male Female **Married Single Separated Complicated**

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Person or connection who referred you- Name \_\_\_\_\_

Please give a brief description of what caused you to seek emotional support? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could solve your greatest struggle what would that be? \_\_\_\_\_

**ADDITIONAL INFORMATION for EMOTIONAL HEALING SESSIONS EHS (Check those that apply)**

- I am seeing another professional for mental/emotional health support? Yes  No
- I have a religious affiliation? No Yes What is your spiritual orientation or background?  
\_\_\_\_\_
- I have spiritual support (If so explain): \_\_\_\_\_
- I have emotional support from my spouse Yes  No  N/A  & or Spiritual support Yes  No
- I have good family support Yes No  Explain \_\_\_\_\_
- I have good community/friend support Yes  No  Explain \_\_\_\_\_
- My parents are still living Father - Yes No Mother - Yes No

**PLEASE HELP US BY ANSWERING THE FOLLOWING QUESTIONS:**

How do you personally receive truth, spiritual direction or find healing? Circle all that apply. Audibly, visually, impressions or feelings, pictures, thoughts Dreams, visions, scripture, writing, art, people, books, Media

\_\_\_\_\_

**EHS/EC Appointment Cancellation:** Call 206 606-3541 at least 24 hours before your appointment to avoid possible \$40 cancelation/no show fee. Emotional Healing Sessions (EHS) are conducted by trained facilitators and coaches. We are not professionally licensed counselors with Washington State, unless otherwise noted. Each EHS (up to 1 ½ hours) is \$140 Emotion Code Fusion \$93 3 pack \$239 By signing this agreement I agree as a member to the policies and membership association bylaws.

*Conditions and Limitations*

All EHS/Emotion Code, services and communication, email or otherwise, delivered by the Emotional Coaches and facilitators at Joy Centers Health Association are here to help strengthen and support your emotional and spiritual well-being. EHS help find lies and beliefs that have come through your own life or generationally that are blocking abundant living gently and safely without having to re-hash the trauma and details. Emotion Code is a simple tool that helps to identify and release trapped emotions that may be contributing to physical, emotional, social, destiny and spiritual issues using muscle testing.

Emotional Healing sessions or Emotion Code services are not a substitute for licensed, professional care by a psychologist, psychiatrist, medical doctor or other health care provider. Joy Centers Health Association does not diagnose or prescribe, nor is it our purpose to replace the services of your doctor. In the event our client uses this information, and goes off their prescriptions without the approval of a physician, he/she assumes full responsibility for it.

I agree to the following conditions of service:

1. The facilitator will offer minimal direction and coaching to help me navigate through and then assist with tools that may include forgiveness, breaking agreement, guided prayer of releasing old beliefs as well as seeing, sensing and receiving new truths. I recognize that the facilitators believe in the power of Holy Spirit and prayer and will seek assistance from the Spirit during my session. I am not obligated to be a Christian to find freedom and breakthrough. I will be respected and in no way pressured no matter where I am spiritually.
2. I understand that Emotional Healing/Emotion Code is a cooperative service and my involvement in the sessions is vital to the outcome. Every session is different; results will vary and are not guaranteed.
3. I understand and agree that I am fully responsible for my well-being during my sessions and I am free to accept, reject or interject if the session is going in a direction that I am not comfortable with or does not apply to me. I accept that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any advice or help I might receive from my facilitator or coach. I am free to terminate my participation at any time for any reason. I take responsibility for any consequences of prematurely terminating any spiritual/emotional intervention done on my behalf.
4. I understand that all comments, and input offered by a facilitator or coach are solely for the purpose of aiding me in achieving my defined goals and are in no way a diagnosis or cure. I have the ability to give my informed consent, and hereby give such consent to my coach or facilitator to assist me in achieving such goals.
5. I understand that information I provide in a sessions is confidential and protected under the Federal (42CFR) and State (RCW 26.44.030) Confidentiality Regulations and cannot be disclosed without my written consent except under specific conditions as stated by the legal codes as follows:
  - a. If a facilitator has reasonable cause to suspect child abuse occurrences; or abuse against the developmentally disabled; or abuse of senior adults.
  - b. If the one seeking prayer is believed to be a dangerous threat to the physical safety of himself or others.
  - c. If a facilitator is subpoenaed by the court and no client-counselor privileges are established by statute in the case.
6. I release Joy Centers Health Association and all facilitators and volunteers working in Joy Centers or in association with Joy Centers Health Association from liability except where a facilitator or staff member has acted maliciously or exhibited willful misconduct. I agree to consult the mediation team within the association if I have any issues.
7. I understand that the use of technology is not always secure and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.
8. As a member, I hereby release, waive, acquit and forever discharge Joy Centers Health Association, all Emotional Healing Facilitators, coaches, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by my facilitator or coach as a result of the advice given me or otherwise resulting from the coaching relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

I have read and agree to these Conditions and Limitations as stated above. By signing these I agree that I am a member or guest of a member and may request to read any and all documents for membership.

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

Minor's Name: \_\_\_\_\_ Parent/guardian: \_\_\_\_\_

