Julie Christensen M.A., L.M.F.T.
Licensed Marriage and Family Therapist MFC#48350
6520 Lonetree Blvd. Suite 1034
Rocklin, CA 95765
julie@itspossibletherapy.com
916-276-4354

Please complete entire form Date_____

Client Name_____ Primary Care Dr._____

Address_____ Referred By_____

City_____State_____Zip_____Birthdate_____Age_____

Phone:_____(Cell)_____ Gender: M_____F_____

Occupation_____Employer_____

Employment: Full Time_____ Part Time_____

Marital Status_____Spouse/Partner's Name_____

Emergency Contact_____Phone_____

Medications_____

Allergies_____

****E-Mail Address**_____

****For a GAC to be successful, you may have to experience a moderate-high level of discomfort.**

I agree to this "cutting edge" grief therapy called Repair & Reattachment Grief Therapy/Guided Afterlife Connections.

_____
Name of Client/Experiencer

_____ Date_____
Signature of Client/Experiencer

Julie Christensen M.A., L.M.F.T.
Licensed Marriage and Family Therapist MFC#48350
6520 Lonetree Blvd. Suite 1034, Rocklin, CA 95765
julie@itspossibletherapy.com / 916-276-4354

Repair & Reattachment Grief Therapy/Guided Afterlife Connections Informed Consent

I understand and agree to the following:

The *Repair & Reattachment Grief Therapy/Guided Afterlife Connections (GAC)* procedure is a "cutting-edge" grief therapy that may provide me with a perceived personal connection to my deceased loved one. There are no guarantees that a "connection" will occur and, at the very least, my grief will be reduced and become more tolerable.

My level of grief at the time of the GAC must be such that it does not interfere with my daily functioning. There needs to have been no abuse in the relationship. Abuse includes: physical, emotional, sexual, and neglect. It may also include infidelity or other forms of breaching trust that were not agreed upon.

I am engaging in this grief therapy of my own free will. Since this is a therapy that works with memories and emotions in the mind, I may experience a moderate to high level of discomfort and/or emotional distress. I agree not to hold Julie Christensen, LMFT responsible for any distress or any other emotional problems that may result from the GAC.

For my online session, I agree to provide myself headphones and a way to listen to bilateral music very softly through a separate listening device from the device I use for Zoom video. For Zoom video, I will have a fast internet connection. I will provide my own bilateral music to listen to during session and have read about music options on www.itspossibletherapy.com.

If I am currently in therapy, counseling, or have eye problems, I have informed my practitioner that I am undergoing a GAC.

I agree to provide Julie Christensen my physical address at the beginning of my session for safety.

The GAC session may last between 3-4 hours. I may stop at any time if I do not feel emotionally prepared to follow through until the end. The minimum session time is three hours.

The fee for this therapy is $230 per (60 min) hour via telehealth and is due and payable at the end of the session regardless of whether a "connection" occurred.

There is a $230 deposit due at time of scheduling appointment and is non-refundable. If I need to cancel this appointment with less than 72 hours' notice from my start time for any reason, I forfeit my $230 deposit and it will not apply to a future session. If I cancel with more than 72 hours' notice for any reason, I may reschedule my appointment one time within twelve months and use my $230 deposit towards that session. If I then cancel that appointment at any time, I forfeit my $230 deposit.

I have read and agree to the Repair & Reattachment cancellation and payment policies. I have read and agree to the terms set forth above.

Client Signature **Date**

_____ _____

Julie Christensen M.A., L.M.F.T.
Licensed Marriage and Family Therapist MFC#48350
6520 Lonetree Blvd. Suite 1034
Rocklin, CA 95765
916-276-4354

Credit Card Authorization

By signing this agreement, I am authorizing Julie Christensen to bill my credit card for all professional services rendered to the "Client" and agree not to dispute those charges. This includes a $230 non-refundable deposit and 3% processing fee for scheduling a Repair & Reattachment Grief Therapy session. I also authorize Julie Christensen to charge the remaining amount of my session and 3% processing fee, once it is complete.

Credit Card Type (check one): ___ Visa ___ Mastercard ___ Discover ___ AMEX ___FSA

Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder Name: _____

Billing Zipcode: _____

Cardholder Signature: _____ Date: _____