

Mindfulness Class Release of Liability, Assumption of Risk Agreement, and Consent for Services

Eunice K. Lehmacher, LISW—CP

Licensed Independent Social Worker—Clinical Practice (SC Lic. #7054)

I understand that the Mindfulness Classes taught by Eunice Lehmacher, LISW—CP is not considered to be a form of psychological counseling. I understand that the class is a skills training class with no guarantee of therapeutic benefits. I acknowledge that I have voluntarily chosen to participate in the mindfulness classes. I understand there are risks inherent in any meditation/exercise program, including but not limited to the risk of slipping, tripping or falling, personal injury, and any other health problems, and I willingly and knowingly assume those risks. I further understand that my enrollment in the class does not qualify me as a client or patient and I will not hold Eunice Lehmacher or any of her officemates responsible for offering me counseling services as an adjunct to the Mindfulness Class. Because I am not a patient or client, I will not hold Eunice Lehmacher for any breach of my privacy. If I wish to seek counseling services, then I am aware that I must take the initiative to go through the standard intake procedures for counseling with Eunice Lehmacher, LISW—CP or ask her for a referral to another counselor.

The risks, benefits, and possible side effects of Mindfulness training have been explained to me in detail. I understand that if I am unable to, or think it unwise to engage in techniques and exercises in weekly classes or at home, I am under no obligation to engage in these techniques nor will I hold Eunice Lehmacher liable for any injury incurred from these exercises. I know of no medical or psychiatric reason why I should not participate in the classes. In the event of a medical emergency, Eunice Lehmacher has my permission to take whatever measures she deems reasonable to render assistance and that I will be financially responsible for any expenses involved. In consideration of allowing me to participate in the classes, I unconditionally release acquit and forever discharge Eunice Lehmacher from any and all liabilities, claims, demands, losses, and damages, including but not limited to claims for personal injury, pain and suffering, death and property damage, arising out of or relating to my participation in the mindfulness classes or my presence or any premises leased by Eunice Lehmacher. This includes any reasonable attorney's fees and costs.

Printed Name

Signature

Date

Witness

Date

Eunice K. Lehmacher, LISW—CP

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Practice Location: 206B West North First Street, Seneca, SC 29768

Billing Address: 232 King's Way, Clemson, SC 29631

elehmacher@gmail.com (864) 643-8449

Mindfulness Class Registration

Name

Email

Address _____

Phone #1: _____ Phone #2: _____

Dates of Class you're registering for: _____

How did you hear about the class? _____

Physician Name: _____

Do you see a therapist? Y N If yes, name: _____

How would you rate your overall general health:

(unhealthy/ill) 0 1 2 3 4 5 6 7 8 9 10 (healthy)

Did any physical symptoms prompt your interest in this program? Y N

List symptoms and date they began:

Treatment for symptoms you have tried (include alternative treatments):

List any prescribed, over-the-counter, and dietary supplements you are currently taking:

Do you have a history of substance abuse (alcohol, prescription, or illegal drugs? Y N
Please describe:

If you drink alcohol estimate how much:

_____ wine (glasses/week) _____ beer (glasses/week) _____ liquor (oz/week)

Have you ever felt you should cut down on your drinking? Y N

Have other(s) annoyed you by criticizing your drinking? Y N

Have you ever felt bad or guilty about your drinking? Y N

Have you ever had a drink first thing the morning (eye-opener) to steady your nerves or to get rid of a hangover? Y N

Do you consider yourself: Overweight? Underweight? About right?

How active are you? ____very ____moderate ____sedentary

Do you have any physical problems that limit your physical activity? Y N

If yes, please describe:

How many hours of sleep do you get per night? _____

Do you feel rested when you wake up? Y N

Do you use a sleeping aid? Y N

Do you have any of the following sleeping problems: insomnia sleep walking

Sleep apnea talk in sleep frequent waking nightmares

Do you have any learning problems? Y N If yes specify: _____

How much stress do you currently feel you have in your life?

(no stress) 0 1 2 3 4 5 6 7 8 9 10 10+ (excessive stress)

What are the main stressors in your life: Work Family Social

Financial Health Living Situation Neighborhood My past

Other (specify): _____

Have you ever been abused, victim of a crime, experienced a natural disaster, or been traumatized in any way? Y N

What is your main reason for enrolling in this program? _____

List three goals for you hope to achieve by participating in mindfulness classes:

1. _____

2. _____

3. _____