

Background, Services, Privacy, and Terms of Service Disclaimer:

By booking, paying, or participating in any services offered via Rebeca Feltmann you are attesting that you have read and agree to this legal disclaimer in full. If you disagree with any part of this disclaimer, please do not seek the services or content offered via this or any affiliated websites, discussions, properties, or companies. I reserve the right to modify these terms at any time. You should therefore check back periodically for changes. By using this website after any changes are posted, you are taking responsibility and agreeing to accept those changes, whether or not you have reviewed them.

My name is Rebecca Feltmann, RN, BSN, Certified Provider of Compassionate Bereavement Care™, Intuitive Healing Companion, and I have been working and researching in the field of nursing since 2004 and began focused practice as an Intuitive Healing Companion specializing in holistic (mind, body, spirit) traumatic grief support in 2019. I provide empowerment, trauma, and grief support services to those suffering life's various transitions. I do not treat or diagnose mental illness or medical illness, I do not use the DSM or any other diagnostic manual, and I will not diagnose you with a disorder or disease. I do not provide mental health psychotherapy or counseling. Any support is not meant to diagnose, treat, prevent or cure any disease. The sole focus during our time together is grief, trauma, and/or empowerment support in a holistic manner. I am capable of offering access to many different holistic based techniques to support your journey and together I will support you in determining what meets your needs in each moment. I tailor to your unique individual needs which can be ever-changing. I strive to create a sacred safe space in which you feel empowered to heal yourself.

IF YOU ARE IN CRISIS AND IN NEED OF EMERGENCY INTERVENTION, YOU SHOULD CONTACT EMERGENCY MEDICAL SERVICES (911) OR ONE OF THE CRISIS HOTLINES (PROVIDENT CRISIS HOTLINE 314.647.4357, NATIONAL SUICIDE PREVENTION LIFELINE 1.800.273.8255)

Financial: If you are enrolled in ongoing clinical services provided by me, those are set at a standard fee per 90 minute session, but can be based on a sliding scale depending on your current financial situation. I also offer session packages for ongoing services which offer a gradually increasing discount for advance commitment. Payment is collected at time of service.

Availability of services: By referral and by appointment availability.

Appointments: We will schedule our appointments directly by phone or at your session. While I understand things happen—traffic, kids get sick, tires go flat, etc.—I request 24 hours' notice for cancellations. Cancellations made prior to this window are rescheduled with no penalty. Cancellations made without 24 hours' notice but prior to the start of the session incur a \$50 late-cancellation fee. No-shows or cancellations made after the start of the session incur the full fee. If a pattern of late cancellations occur, I may require prepayment to secure future appointments.

Privacy, confidentiality, and records: Despite the fact that I do not provide services for serious mental illness or medical care that require it, I choose to abide by regulations set forth in HIPAA. Ordinarily, all communications and records created in the process of the services are held in the strictest confidence. However, there are some exceptions to confidentiality defined in state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. I can provide the HIPAA NOTICE OF PRIVACY PRACTICES, which details the considerations regarding confidentiality, privacy, and your records at your request. I may also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of your work may be discussed to ensure I am providing the most compassionate support possible. Your consent will be obtained prior to this option.

Purpose, limitations, and risks of care: My services, like most endeavors in the helping professions, are not an exact science. While the ultimate purpose of these services is to support you through life's darkest or most trying times, the process usually involves working through painful personal and/or professional issues that can result in emotional or psychological pain and learning to be with intense emotion. My goal is to support you in making the best possible decisions to support your healing mind, body, and spirit in any given moment, but any statements or claims about possible benefits of any given modality is purely for example. Any techniques or resources we discuss are not meant to diagnose, treat, prevent or cure any disease or diagnosis. All information and resources are based on the opinions and personal experiences unless otherwise noted. You acknowledge that any choices you make resulting from these services are your sole personal and legal responsibility. Interpretations of any information sought are for your personal use and enjoyment and are for your enlightenment or entertainment only. By seeking these services you assume full responsibility for any decisions resulting from the work we do together and any subsequent actions or outcomes of any actions. All information is intended to motivate and empower you to make your own intuitive decisions. It is not intended to replace medical or mental health support and I strongly encourage you to consult a doctor before making any changes that could affect you physical or mental well being, especially any changes related to a specific diagnosis or condition.

Process: Our work together will begin with one or more sessions devoted to initial assessments so that we can get a good understanding of your unique experiences and grief emotions, your background, and/or any other factors that may be relevant. After our initial meeting process, we will discuss ways that we can help you based on your desires and goals. You have the right to tell me if any of our work together is not benefitting you. You have the right to ask any questions and challenge anything we do together. You have the right to withdraw from our relationship at any point. Any services provided do not constitute medical, legal, financial or psychological advice or counseling. All information received is for your own personal experience. You attest that you are using your own judgement and discernment regarding any information given. You affirm that you are at least 18 years of age or older. Permission to record your session must be provided by Rebecca Feltmann prior to recording. In no event will such a recording, if it exists, be posted on any public website or any form of social media without the prior written permission.

Our relationship: Our relationship is unique in that it is exclusively therapeutic based on deep caring, respect, and honoring of your emotions. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. I want to address any issues that might get in the way of our relationship as soon as possible. This includes administrative or financial issues as well.

Consent for evaluation and treatment: In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

I HAVE READ, UNDERSTOOD AND HAVE BEEN OFFERED A COPY OF THIS FORM.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor: _____ DOB: _____ Relationship: _____