

CHOPRA ADDICTION & WELLNESS CENTER

Give the gift of healing to yourself or a loved one

This is an opportunity to book a 50 minute appointment with our coach for

Skype or Phone Session Package: 1 session - \$135
 5 sessions - \$600
 Costs are subject to 5% GST

For Non Canadian Residents all pricing is in US dollars

Please check the session you are interested in. Once you purchase the session(s), arrangements will be made for one of our coaches to connect with you.

Last Name: _____ First Name: _____
Address: _____ City: _____ Prov.: _____ P/Code: _____
Home Tel: _____ Mobile: _____ Email: _____
DOB: _____ (MM/DD/YY) Age: _____ Sex: M / F

PAYEMENT INFORMATION:

Type of Card: _____ (Visa or MasterCard) Name on Card: _____
Card Number: _____ Exp. Date: _____ CVV: _____

BILLING ADDRESS:

Address: _____
City: _____ Prov/State: _____ Postal/Zip Code: _____

I understand that should circumstances prevent me from keeping an appointment, a minimum 24 hours notice is required for any change. I understand all fees are non-refundable and should I miss a session without providing required notice I understand no credit for the missed session will be provided.

Signature: _____ **Date:** _____

CHOPRA ADDICTION & WELLNESS CENTER

Out-Patient Services: Letter of Understanding & Electronic Communication Disclosure

We are delighted you have chosen to engage in our outpatient services! We look forward to working with you!

We ask you to read and ensure you understand how we work before deciding to sign and accept this agreement regarding engaging our services.

- We work as a team. Details of your session may be discussed with the Coordinator of Clinical services and other therapists on our team to best support the therapeutic work you engage in.
- Progress notes from your out-patient sessions will be submitted weekly to the center
- If someone you know (*including a family member*) chooses to access our services no information will be shared between parties accessing services. The exception to this would be if one party shared information in a session that was deemed harmful to the other party. For example if your partner accessed services and shared she/ he were gambling and losing money you both had invested for retirement; we likely would require that information to be shared.
- Coaching focuses on the present and future. Your coach will support you to co-create; awareness, action and if needed accountability that moves you towards your extraordinary life. The agenda and focus for each session is created by the client. The outcome of the sessions are largely based on the efforts of the client and the commitment to take action between sessions.
- 24hrs notice is required if session time can not be honoured.
- The Fee for a 50min Session is \$135 + GST for single session or \$600 + GST for a package of 5 sessions made payable to Chopra Addiction and Wellness Center. No Session can be provided if there is an outstanding balance.

If you are not happy with the way your individual coaching sessions are progressing please consider:

- You may be reacting to facing uncomfortable but useful therapeutic issues.
- This is an opportunity to become aware and express your wants and needs directly to your individual coach.
- If you continue to feel your expressed wants and needs are not being met and that your individual sessions are not meeting your needs, please speak to your coach about wanting to meet with a different coach. If you are not satisfied with the response, please phone our Center or send an email to info@chopratreatmentcenter.com directed toward the Coordinator of Clinical Services (Jeff Thompson) or the Founder/Owner of the Centre (Nirmala).

As an individual engaging outpatient services, we request you read and acknowledge the points below before choosing to accept the confidentiality risks related to electronic communications.

- I recognize e-mail, skype, facsimile and the use of mobile phone devices are examples of insecure forms of communication where my confidentiality and privacy may be compromised. I understand and hereby agree that the Center cannot guarantee the security of personal info shared through the internet, facsimile, mobile phone devices, or through the phone for that matter.
- I understand and agree that The Center may share details from my application with key health-care providers employed by the Center.
- If staff are messaging information regarding my care, staff members have committed to minimize any identifying info, and act to safeguard my privacy. I am welcome to see a copy of the commitment letter staff have signed regarding electronic communications.
- A treatment summary with detailed identifying information will be emailed to me after my departure. IF I do not want this info sent in an email I must let the Center know this, and they will make other arrangements with me. (*applicable to in-patients only*)
- All staff are required to engage passcode protection for their electronic devices as a measure of security.
- I have read the above points and accept the risks regarding the efforts committed to here by the Center toward preserving my privacy and confidentiality.

I, _____ have read, understand and accept this agreement.

Signature

Fax: 604-892-3003 or Email: info@chopratreatmentcenter.com