

Grace Scarbrough, MS, SEP, LMBT  
207 Central Avenue,  
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828-551-1644

### CONFIDENTIALITY

I regard the information you share with me with the greatest respect. I will maintain confidentiality and privacy of your sessions and my records as it is a privilege of yours and is protected by my professional ethics in all but a few situations. These situations include: (1) if I suspect you intend to harm yourself, another person or property; (2) when I suspect a child, elder or dependent adult has been or will be abused or neglected. (3) In rare circumstances, therapists can be ordered by a judge to release information (subpoena). In all other circumstances, I will maintain confidentiality unless you give me expressed written authorization to do otherwise. I consult regularly with other somatic experiencing practitioners regarding clients I work with; however, a client's identity remains completely anonymous and I fully maintain confidentiality.

### SCOPE OF PRACTICE

I am a licensed to practice massage and bodywork therapy. I am also a Somatic Experiencing® practitioner. I received my Master's of Science in Experimental Psychology in 1995 from the University of Kentucky, have practiced massage and bodywork therapy since 1998, and began studying somatic experiencing in 2015.

All therapeutic work is strictly at a professional, not a personal level. You have the right to withdraw from our work together at any time. After our initial session I will inform you of what I think I can be helpful with and what I may not be able to help with. If I feel I cannot help you I will tell you that and provide referrals for you when possible.

While it is impossible to predict the exact outcomes of this work, we will work together toward the goals that we establish. In addition to the work we do together, I may suggest things for you to between treatment sessions. Your feedback is very important.

### FEES

The regular fee for a 50 minute appointment is \$150. The frequency of treatment will depend upon your needs, scheduling and the severity of your troubles.

### INSURANCE

I do not participate with insurance companies.

### PAYMENT

Payment is due at the beginning of each session by cash, check, paypal, Venmo, or zelle. There is a \$25 charge for returned checks.

### MISSED APPOINTMENT/NO SHOW/LATE CANCELLATION

I charge in full for missed appointments and appointments not cancelled within 36 hours of scheduled time. If you need to cancel because of inclement weather, we can work virtually instead of the in-office appointment.

### EMAIL/TEXTING

Electronic media may not safe guard confidentiality sufficiently and is usually not HIPAA compliant. Under limited circumstances I will email with clients. Emails will be limited to scheduling and a very short question. It will not replace or substitute for SE. It may take me a couple of days to return an email.

### ETHICS:

I abide by the Codes of Ethics of the National Certification Board for Massage and Bodywork Therapists You can find the specifics at <https://www.ncbtmb.org/code-of-ethics/>. My intent is to help you. Please ask me any questions you have as you move through your healing journey.

Thank you for asking me to help you.

Sincerely,  
Grace Scarbrough, MS, LMBT

I have read the informed consent and have been given an opportunity to have my questions answered.

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Client Name (print) Date Signature

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Parent or Guardian (if client 16 years old) (Print) Date Signature

**Somatic Experiencing®**  
**Informed Consent**

I use Somatic Experiencing (SE) in our work together. SE is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

— SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma.

— SE's guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged.

— SE may employ touch in support of the renegotiation process.

— SE “titrates” experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.

**For more information about SE please note the following references:**

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: N. Atlantic Books.

Kline, M. and Levine, P. (2007). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books.

Levine, P., *In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. North Atlantic Press. 2010

For further references and information online about SE go to <http://www.traumahealing.com>

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative “side effects.” It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy. The United States Association of Body Psychotherapy ([www.usabp.org](http://www.usabp.org)) is a good source of information about other modalities. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from.

As with all therapy, it is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about SE or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at all times, or to refuse techniques or interventions I may propose.

I have read the above informed consent, understand, and agree to it.

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Client name (print) Date Client Signature

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Sharing information about yourself will help me understand why you are here. Please answer the following questions before your first appointment. Thank you.

1. What are the main concerns you have for seeking help at this time? Please include your symptoms, pain, illness, injuries, onset, upsets, losses, functional problems, fears, worries, etc.

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2. Please describe what you feel in your body and where you feel your symptoms.

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3. What would you like to achieve (what are your goals)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

4. Primary Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

5. How is your sleep? \_\_\_\_\_

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6. Do you remember your dreams? Yes\_\_\_\_ No\_\_\_\_

Has there been a theme to them recently? What is it? \_\_\_\_\_

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7. What are the stressors in your life right now? \_\_\_\_\_

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8. How do you reduce your stress? \_\_\_\_\_

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9. What do you do that makes you feel good? \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been, or are you presently in counseling or psychotherapy?

Yes \_\_\_ No \_\_\_ Other therapeutic work \_\_\_

11. Have you been treated for musculoskeletal problems or ongoing medical problems?

Yes \_\_\_ No \_\_\_ Please Describe: \_\_\_\_\_

12. What is your occupation? \_\_\_\_\_

Do you enjoy your work? Yes \_\_\_ No \_\_\_

Describe why or why not: \_\_\_\_\_  
\_\_\_\_\_

13. What kind of support system do you have?

Family \_\_\_ Friends \_\_\_ Relative \_\_\_ Other \_\_\_\_\_

14. Marital status:

Single \_\_\_ Married \_\_\_ Spouses/Partner's  
Divorced \_\_\_ Remarried \_\_\_ Committed Relationship \_\_\_

How many children? Yours \_\_\_ Spouses \_\_\_ Together \_\_\_

15. What do you enjoy doing in your  
life? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like me to know right now (add on back of this page)?