

Integral Lifework Disclosure & Agreement Form

The undersigned **Client** acknowledges that they have received and understand the following information:

Integral Lifework is a collaborative, self-empowering, holistic approach to personal development and interpersonal healing. The intention of **Integral Lifework** is to engage the **Client** on every level – physical, emotional, mental, spiritual, cultural and social – and to provide a number of assessment methods, personal disciplines and formalized treatments that address mutually agreed upon goals, explore a fuller awareness of self and self-nourishment, and enhance a conscious and compassionate way of being. The **Integral Lifework Practitioner** agrees to provide professional services in accordance with training and experience, with focused effort and attention during scheduled consultations to facilitate the **Client's** benefit.

Integral Lifework draws on the theory and application of psychosocial, cognitive, somatic and spiritual techniques. These include, but are not limited to: relaxation, visualization and breathing exercises; introspective meditation; cognitive-behavioral practices; journaling; intuitive development; spiritual perception-cognition; family dialogue; revising patterns of work, diet, exercise and sleep; bodywork and somatic therapies; energetic therapies; evaluating relationships, lifestyle choices and living environments; community involvement; interpersonal communication; and both guided and unguided assessment instruments. The **Client** may be instructed in cognitive, physical, spiritual and/or social activities to address issues that have been jointly agreed upon by the **Client** and the **Integral Lifework Practitioner**. **Clients** may also be encouraged to consult other specialists to assist them in one or more areas. The objective is to provide lasting results, using a client-centered approach that encourages self-sufficiency in ongoing application of learned techniques. This may be formalized into an individualized **Integral Lifework Plan**.

All services provided do not include the practice of medicine, and an **Integral Lifework Practitioner** is not a licensed physician. These services are non-diagnostic, and are complementary to Healing Arts services licensed by the state. The California State Legislature has determined that state licensing may not be conferred upon an occupational group for purposes of status or prestige. The primary function of licensing laws for legally defined Healing Arts and Mental Health professionals is to protect public health and safety. Currently, **Integral Lifework Practitioners** are not issued licenses by any State Governmental Agency to engage in their professional services.

Todd C. Logan, Integral Lifework Practitioner, has acquired the following education, training, experience, and qualifications to perform the services offered to his **Clients**:

- Over twenty years of interdisciplinary study, practice and refinement of spiritual techniques.
- Over ten years involvement in and facilitation of interpersonal and cognitive therapies.
- Over four years health-advocacy for patients of traditional Western medicine.
- Successful completion of alternative Healing Arts certifications with over five years in practice.
- ATP Professional and AAMFT Affiliate, with diligent adherence to the values, goals, and the ethical, policy and practice standards of these organizations.
- Research and publication of works on mysticism, psychology and integral practice.
- Development of the **Integral Lifework** approach and a variety of self-assessment tools, including the SASE instrument, Relationship Matrix, IL Nourishment Assessment, and others.

I, the undersigned **Client** acknowledge that I have been informed of the above information, that I have reviewed my **Client Rights**, and that I have been given a copy of this **IL Disclosure & Agreement Form**.

Client's Printed Name: _____ **Phone:** _____

Email: _____ **Address:** _____

Client's Signature: _____ **Today's Date:** _____