

Julie Summers, Master Splankna Practitioner

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CLIENT INFORMED CONSENT AND DISCLOSURE STATEMENT

Theoretical Approach: My method of prayer support and body work is called Splankna. It is a biblically based protocol for trauma resolution. Mind-body work utilizes the same system in the body that acupuncture and chiropractic are based on to resolve disturbing emotions that are stored in the body. The prevailing premise of Splankna work is that the flow and balance of the body's subtle, electromagnetic energies are important for optimal physical, spiritual, and emotional health and for fostering well-being. Splankna is designed to help get to the origin of an emotional issue with the goal of rapidly desensitizing the emotional stress connected to a past event. Splankna incorporates elements from several newly emerging energy-based self-help techniques. While utilizing energy techniques, Splankna work is faith-based and centered on prayer. Subsequently, it falls under the distinction of ministry. Traditional biblical principles are also incorporated such as confession, repentance and forgiveness. Although energy techniques like Splankna appear to have promising emotional, spiritual, and physical health benefits, they have yet to be fully researched by the Western academic, medical, and psychological communities and therefore may be considered experimental. Energy techniques are self-regulated, and they are considered alternative or complementary to the healing arts. Because energy techniques are relatively new healing approaches, the extent of their effectiveness, as well as their risks and benefits, are not fully known. If you ever have questions or concerns about the nature of the theories, methods, approaches and/or techniques I use, please feel free to ask me for further resources or references.

Outcome Expectations/Risk & Benefits/Treatment Plan Please note that it is impossible to guarantee any specific results regarding your goals using any of the approaches I offer in my practice. However, we will work together to achieve the best possible results for you. Our work together requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. You will have to participate both in and out of our sessions. I will ask for your feedback and views on our work and its progress and will expect you to respond openly and honestly. As with any intervention, there are risks associated with Splankna work. Risks might include remembering, talking about, or experiencing unpleasant events which results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, etc., or experiencing anxiety, depression or insomnia, etc., or having difficulties with other people. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, significant emotional healing can disrupt marital stability). In addition, if you choose to engage in Splankna work, emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. You may experience some temporary emotional distress and physical discomfort related to prior life experiences as emotions are clearing. If we are to work together, we will need to specify methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. We will discuss a plan that seems most appropriate to help you reach your goals. However, regardless of our work together, you agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual dimensions of your life.

Other Important Information Please be advised that I offer my services as Christian Ministry and that I am not a mental health professional and the approaches I offer are not intended to be a substitute for medical diagnosis or psychotherapy and they do not replace the services of a licensed physician or licensed psychotherapist. You agree and understand it is your

responsibility to consult with your physician/psychiatrist for any specific medical problems. Further, you understand I may suggest you contact your physician or psychologist/psychiatrist if I believe it's advisable. In addition, you understand that any information shared during our sessions is not to be considered a recommendation that you stop seeing your physician or using prescribed medication, if any, without consulting with your physician/psychologist, even if after a session it appears and indicates that such medication or treatment is unnecessary.

Confidentiality will be maintained except for the following exceptions required by law to be reported: suspected harm to self or others, or suspected child or elder abuse. Use of Touch You understand the application of Splankna work includes light touch on the back of the wrist for muscle testing. Touch can be a potential problem in a support relationship if you feel it is inappropriate. If you have any misgivings, doubts, or any negative reactions to any physical contact, it is very important that you let me know as soon as possible so that we can discuss your concerns. You understand that you have a choice about these techniques involving touch.

Education and Training 2009 – Formational Prayer Group Facilitator from Healing Care International 1/2022 – Certified in Core Splankna, Colorado Springs, Colorado 6/2022 – Certified in Advanced Splankna, Kansas City, Kansas 12/2022 – Certified in Masters Level Splankna, Colorado Springs, CO Acknowledgment and Consent to Receive Services By signing this document and any attachments hereto, you agree that I have disclosed sufficient information to enable you to decide to undergo or forgo any of the approaches and other services I offer. You understand that your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. Further you understand that Splankna is a relatively new ministerial approach and the extent of its risks and benefits are not fully known and you agree to assume and accept full responsibility for all risks associated with experiencing Splankna work. You represent that you're competent and able to understand the nature and consequences of our proposed sessions and agree to be personally responsible for the fees related thereto. You have read and understand the above disclosure about the services offered by me and my training and education and you have discussed with me the nature of the services to be provided, and except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend Splankna Incorporated and (your business name) representatives, and, consultants from and against any and all claims or liability, of whatsoever kind or nature, which you or your representatives may have, for any loss, damage or injury, including without limitation, physical, emotional, mental, financial, or spiritual, arising out of or in connection with your sessions.

Client's Signature

Date

Splankna Practitioner

PAYMENT AGREEMENT

I, _____ agree to pay the suggested donation of \$115 (or other) per therapy hour. I understand that I would be responsible for that amount in case of a missed session or a cancellation within less than 24 hours of the appointment.

_____ Client Initials

_____ Date

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CLIENT INFORMATION

Full Name_____ Date:_____

Home Address_____

Phone_____ E-Mail_____

Age_____ ReligiousPreference_____

Marital History:

Never married _____ Divorced & Single _____ Divorced & Remarried _____ It's Complicated_____

1st marriage: Date(s)_____ Spouse_____

Children/Age_____

2nd marriage: Date(s)_____ Spouse_____

Children/Age _____

Who has custody of your minor children? _____

Have you ever considered suicide? _____ Attempted?_____

Please list current medications:_____

Do you suffer from: Migraines_____Epilepsy _____Vertigo _____

Circle any of the following which are currently causing you difficulty:

Anger	Health	Career choices	Parenting	My Past
Dating	Self-concept	Food	Anxiety	Cutting
Sexual Problem	Marriage	Panic Attacks	Nightmares	Religion
Concentration	Finances	Phobia	Grief	Work
Headaches	Assertiveness	Suicidal thoughts	Energy	Abuse
Addiction	Parents	Sleep Trouble	Violence	Divorce
Hearing Voices	Guilt/Sadness	Self-Control	Depression	Step-family
In-laws	Obsessiveness	Legal Issues	Hopelessness	Body Pain

Are you currently seeing a therapist or mental healthy professional? Please describe by name and profession. _____

What was your father's main character weakness? _____

What was your mother's main character weakness? _____

What is your birth order? (i.e., oldest, youngest, of how many, ages of each)

How will you be different if this work is successful? _____

Is there anything you feel I should know about you or your life circumstances?

What are your most challenging relationships? _____

What is your greatest joy/fulfillment? _____

What is your greatest regret or heartache? _____

How would you describe your friendships? _____

How do you attend to your spiritual health? _____

Use this space to clarify anything from the above questions.

Statement Of Confidentiality

The Client-Practitioner relationship offers confidentiality in so far as allowed by the laws of the State of Nebraska. Under certain conditions, the right to confidentiality is necessarily violated. Those conditions include the potential for suicide or homicide on the part of the client. Likewise, when there is reason to suspect that physical or sexual abuse has occurred to a child or an elderly person, the practitioner is required by law to report the situation to the Department of Human Services, division of Child Protective Services.

Thank you for completing this questionnaire.