Suzanne's Somatic Practice

Suzanne Snijder van Wissenkerke, SEP
https://suzannesvw.com

# Welcome! Here's What to Expect

I provide body education and somatic therapy. Each of our sessions together may be different, depending on your goals and what your body needs. For example, we may use the table or sit in chairs or move about.

While we will naturally share in personal conversation, I am not a licensed mental health professional, and will refer out for behavioral health. Many of my clients are referred by and continue working with their therapist.

Supportive touch may be offered as part of your care. You'll remain fully clothed. Genital or sexual touch is NOT included. With your consent, I provide static touch (not massage) to build capacity and containment.

## CONFIDENTIALITY

Our therapy time together offers a safe, private place, where anything you share is held in confidence. Exception: if you state an intent to harm yourself or others; I will contact an authority. *If you are experiencing acute crisis and needing emergency intervention, please call 911 or visit your medical emergency facility.*

I enjoy working with your extended health-care team, and may ask for your signed consent if you would like us to consult with each other.

## WHAT I EXPECT

While my job is facilitating your healing process, your feedback is vital. If you have questions or concerns, please let me know so I can better support you. You always have the right to say no to anything.

In-between sessions, you may want to jot down any changes you're noticing, as that may influence our focus next time we meet.

### It's Your Health, So *Go For It!*

Bottom line, **you** are responsible for your own health, so you'll also want to build on what we're doing with good nutrition, rest, moving for fun, community, nature, exploring creativity… and finding resources unique to you.

**BUSINESS** Payment is due at time of service.

**CANCELLATION POLICY** Allow 24 hours notice to cancel, or full fee is due. Exceptions are illness or emergency. Please text me with same-day changes as needed.

**Your Signature:** "I accept the above" _____

Your name _____

Birthdate _____

Tel _____

Email _____

Address _____

city, zip _____

Emergency Contact

Name _____

Tel _____

Relationship _____