# Rev. Jan Huneycutt Lightner Sacred Fields of Possibility Spiritual & Emotional Counseling and Support New Client Packet

Jan Huneycutt Lightner is an ordained interfaith/interspiritual minister who accepts any and all religious/spiritual traditions as valid pathways to connecting with the Divine. She also welcomes the spiritual but not religious as well as non-theists.

Her expertise is in teaching people how to soften and open their hearts so that they can embrace life and their current situation/circumstances in a positive and constructive way. Jan offers experiences that can bring new perspective and create a greater sense of wholeness, purpose, meaning, and worth.

You are welcome regardless of your race, age, gender, religious affiliation and spiritual practices, ethnic background, and sexual orientation.

# **Appointment Information**

	Rev. Jan's Information	Other Professionals' Information
Typical Length Of Session	75 - 120 minutes  Extended sessions (up to 3 - 4 hours) can be scheduled for situations that call for significantly more time and processing. Please inquire for more information.	Usually 45 - 50 minutes
Session Fee	\$80 - \$155 Jan's average client pays \$100 - \$120 per session.	\$120 - \$250
	You decide your fee. Clients with less fortune pay less than clients with more. If financial circumstances prohibit you from paying at least \$80, please explain your situation when making your appointment and be sure to discuss at your first visit.	
	Extended session fees are also determined by the length of appointment and one's ability to pay.  Jan offers a free 20-minute initial consultation.	

### **Employer-Covered Services**

If your employer is paying for this service through your Employee Assistance Program, you owe nothing until you've reached your annual maximum dollar amount or number of sessions. You may continue sessions after you've reached your maximum. If you do, you—as an individual client—will be responsible for payment.

### **Cancellations**

If you are unable to keep your appointment, please give a notice of at least 24 hours prior to your scheduled appointment. If your cancellation is not at least 24 hours, you may be held responsible for payment.

# Confidentiality

Information shared during spiritual counseling sessions, whether written or verbal, is confidential in nature and ethically cannot be disclosed (without your written permission). However, there are three exceptions:

- 1. Child abuse or elder abuse (physical abuse, neglect, or sexual abuse) or suspicion of such Jan Huneycutt Lightner is mandated by law to report actual or suspicions of child abuse or elder abuse to the proper authorities. Additionally, if a legitimate subpoena relating to a child abuse case has been issued, Jan is required by law to provide information specifically described by the subpoena.
- 2. Threats of harm to self or others (suicide or homicide) Jan Huneycutt Lightner may find it necessary or be mandated by law to disclose any threat of harm or desire to do so to the appropriate person, agency, or civil authorities.
- 3. If an un-reported life-threatening felony has been committed, Jan Huneycutt Lightner is required by law to report it to the police.

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Rev. Jan Huneycutt Lightner Sacred Fields of Possibility Spiritual Counseling and Support New Client Packet (continued)

Waiver & Release of Liability

Required Reading

Jan Huneycutt Lightner provides professional chaplaincy, ministerial, and pastoral care services. This is not a medical or mental health care practice and Jan Huneycutt Lightner is not a licensed medical doctor or mental health professional. Jan offers services as an ordained interfaith minister, clinically-trained and certified chaplain and pastoral counselor, and certified grief counselor.

Spiritual support and counseling do not substitute for medical or psychiatric advice or treatment; however, they are a part of a well-rounded holistic approach to healthy living. Specific emotional and physical problems should be addressed with a professional in the health field and we encourage you to do so.

Not all issues or behaviors are best served here. Therefore, Jan Huneycutt Lightner reserves the right to end services if she finds that your needs would be better addressed by a medical doctor or mental health professional.

## Acknowledgment and Agreement

my consent for spiritual support services.

I acknowledge that I have read and understand the required reading and enter into spiritual and emotional counseling and support freely.

I agree to rely on my own medical practitioner or mental health professional for medical or psychological advice.

I acknowledge that it is up to me, the client, to decide whether or not to follow any suggestions or recommendations given during Rev. Jan's services.

I freely, competently, and voluntarily agree to release and forever waive any and all claims of any kind against Jan Huneycutt Lightner which may arise from, result out of, or be related to the services provided. The terms of this waiver and release of liability are contractual. My signature is proof that I intend this to be a complete and unconditional release of all liability and claims.

Client Signature	Date			
(Turn page over for Minor Release and	Waiver of Liability and Indemnity Agreement)			
Minor Release and Waiver of Liability and Indemnity Agreement				
As parent/legal guardian to				

As parent/legal guardian, I agree to release and forever waive any and all claims of any kind against Jan Huneycutt Lightner which may arise from, result out of, or be related to the services provided. The terms of this waiver and release of liability are contractual. My signature is proof that I intend this to be a complete and unconditional release of all liability and claims.

carefully read and understand this waiver and release of liability in its entirety and voluntarily give

\_\_\_, I acknowledge that I have

Parent/Legal Guardian Signature	Date
(Please continue to next page)	
	Rev. Jan Huneycutt Lightner
	Sacred Fields of Possibility Spiritual Counseling and Support
	New Client Packet (continued)
Name:	Date:
SSN: (EAP clients)	Birthdate:
~~ (Dail onomo)	
	Age:
Address:	
O.	C/TD

Zip:_		-	
Phor	e(s):		
Ema	il:		-
The l	Reason You are Seeking Services:		