



Open Practice Statement and Registration Agreement

Contact information: My name is Laurie Freeman. My office is located at 5401 South Prince Street, Ste. 105, Littleton, Colorado 80120. I can be reached at phone number (720) 841-4137. My email address is lifreemanllc@gmail.com. My website is www.healingheartcenterco.com

Education and Training: I was trained and certified in Grief Recovery work by the Grief Recovery Institute, Portland, OR. I am a certified Integrative Wellness and Life Coach with the Integrative Wellness Academy. I also received a Bachelor of Arts degree in Education from the University of Massachusetts, Amherst.

Notice: The Grief Recovery Method programs are educational programs, not therapy or psychological treatment. The participant acknowledges that Laurie Freeman is a Certified Grief Recovery Specialist®, not a licensed therapist or counselor. If a participant desires a diagnosis or any other type of treatment from a different practitioner, the participant should seek such services.

The Grief Recovery group program is conducted in association with the Grief Recovery Institute®. We will be using *The Grief Recovery Handbook 20th Anniversary Edition*, by John James and Russell Friedman (HarperCollins) as the text for the program. It is generally an eight-week program that meets once per week. Successful completion of the program requires regular attendance as well as fulfillment of weekly homework assignments.

The participant agrees to arrive on time for each meeting and to complete all homework assignments. If the participant is unable to attend a meeting, they will alert Laurie as soon as possible. The participant agrees to participate fully and honestly to the best of their ability.

Payment Options: Program fee is \$525.00. As discussed at the time of payment, this fee is nonrefundable but may be applied to either future group programs or individual sessions. Cash, credit card and personal check (made payable to *Laurette Freeman*) accepted. Program fee includes a copy of the program textbook and any needed materials.

I have read this statement and understand what I have read. I am aware of my responsibilities in attending The Grief Recovery Method Program.

Print Name

Signature

Email

Phone

Date