Informed Consent 2026

Lisa Rosof, MA ~ Psycho-educational yoga therapy consultant & artist
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Welcome
I am pleased that you have selected me as your psycho-educational yoga therapy consultant. I am Lisa Rosof, MA. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

My Training
I am an Adjunct Instructor at the University of North Carolina. I have a Master of Arts degree in Counseling. I am a certified Yoga Therapist and a Yoga Instructor. I earned a Bachelor of Science degree in Business Administration and was a professional dancer. I am **not** a Licensed Professional Counselor. My work is holistic and works with the body/mind and spirit.

My Approach
I accept in my virtual and Zoom private practice only clients willing to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need a few sessions to achieve these goals, whereas others may require months or even years. As a client, you are in complete control and may end our psycho-educational yoga therapy relationship at any point. I will be supportive of that decision. If psycho-educational yoga therapy is successful, you will feel able to face life's challenges in the future without my support or intervention. Participatory decision-making and your satisfaction in our communication are of the utmost concern to me.
Although our sessions may be very intimate, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our psycho-educational yoga therapy sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during the session. However, it is important for you to remember that you are experiencing me only in my professional role.

As Your Yoga Therapist, I will provide a safe, compassionate and authentic presence virtually. I believe the key to true peace and happiness for our inner selves, as well as in the world, rests within our own hearts and minds. All human beings contain the potential to generate compassion and gain wisdom, uncovering the true peace and wisdom that lies within. I encourage cultivating, nurturing and implementing that innate potential in daily life. This is the purpose of my work with you: to help you develop, nurture and implement compassion and peace within and bring that into daily living.

Psycho-educational Yoga Therapy Consultations most often include recovery concepts, body mind psychology and yoga with an emphasis on yoga postures, meditation, breath work, guided imagery, music, silence, spiritual teachings, chanting and/or other yogic disciplines. The consultant guides the client with these therapeutic interventions to bring awareness to specific physical, emotional and spiritual health needs. With your permission, there may be hands-on touch to receive maximum benefit.

Each session is unique, creative and connects mind with body by helping clients move top down or bottom up — head to heart or heart to head — releasing and healing through the gracious, spacious wisdom of the body.

The purpose of the psycho-educational yoga therapy practice is to provide scientifically proven information and experiential practices that can calm the nerves, quiet the mind and relax the body making inner awareness easier to access and nourish.

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Confidentiality & Communication Concern I will keep confidential anything that you say to me with the following exceptions: (1) you direct me to tell someone else, (2) I determine you are in danger to yourself or others, or (3) I am ordered by a court to disclose information. Please let me know if I can do better to address your needs.

Professional Fees and Policies In the return for a fee of $125 per hour, I agree to provide psycho-educational yoga therapy services to you. **The first session is sixty minutes and the price is $125**. Subsequent sessions are 60 minutes at $125 per hour. The fee for each session will be due and must be paid at the beginning of each session. Cash and personal checks are acceptable for payment. If paying by check, please prepare the check prior to the session. Upon request, I will provide you with a receipt for all fees paid.

In the event you are unable to keep an appointment, you must notify me 24 hours in advance. **If I do not receive such advance notice, you will be responsible for paying for the session you missed.** Please do not ask me to give you my time for free. If you are late for a session, I will provide my service to you in the time remaining. Your late arrival will not entitle you to a full session, but you will be billed for the time reserved for you.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding psycho-educational yoga therapy goals. However, together we will work to achieve the best possible results for you.

Some health insurance companies may reimburse clients for my services and most will not. If you wish to seek reimbursement for my services from your health insurance company, please check with your healthcare provider/ physician. Together, we can assess the likelihood of health insurance reimbursement for my services through your health care provider/physician. Those with health insurance companies that do reimburse usually require you pay a standard amount before reimbursement is allowed and then usually only a percentage of my fee is reimbursable.

If you have questions, please ask. Once comfortable that you understand this document fully, please sign and date this form. Thank you.

Your signature is for consent and understanding of this professional disclosure statement and the nature of the client/therapist relationship.

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Date Signature