



**MovingIntoComfort.com**  
There is Hope

Hope Maltz, MS  
Relieving Stress and Trauma Held in the Body  
Tel: 425.998.6683  
Hope@MovingIntoComfort.com  
Bellevue and Fremont, Washington

Welcome to Moving Into Comfort LLC. Please take some time to answer the following questions. You'll find I'm asking for your contact information, some of your health history, your aspirations. The latter pages include my Disclosures and an optional HIPAA release. Please take your time and ask me any questions you have. Yours Sincerely,

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: (if different from residence )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

What is the best way to leave you a message? \_\_\_\_\_

Person & phone number to call in an emergency:  
\_\_\_\_\_

Symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications (and what they are for):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly list any surgeries, accidents or other life experiences it would be helpful for me to know about as we begin:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have ever had anesthesia, please list the dates and the medications, as best you can:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## Disclosure Document

This letter describes my background, the services I offer, and will orient you to our professional relationship. Please read this information carefully before signing below and after discussing with me any questions or reservations you may have.

### **Background**

My work has grown out of a fusion of the *Feldenkrais Method*® of Somatic Education, *Somatic Experiencing*® (SE), my studies of hypnosis and consciousness with the students of Milton Erickson, MD: Stephen Gilligan, PhD and Ernest Rossi, PhD., and my studies of co-regulating touch and developmental trauma with Kathy Kain, PhD and Stephen Terrell, PsyD.

### **Feldenkrais®**

Dr. Moshe Feldenkrais was a physical engineer who became a somatic educator, developing an approach to realizing the full capacity of the mature human nervous system by leveraging the human consciousness's vast capacity to grow by assimilating and integrating experiences, new and old.


The *Feldenkrais Method*® uses (a) gentle support to facilitate the release of ingrained patterns of tension and (b) gentle movement explorations that facilitate integration of the primitive reflexes, refining our capacity for physiological and neuro-muscular regulation.

*Feldenkrais* helps us spontaneously adopt more fluid (and comfortable) patterns of moving, emoting, and thinking that manifest in improved performance and daily function as our experience of how we can feel and what we can do expands.

### **Somatic Experiencing®**

originated with the observation that wild prey animals are rarely traumatized although their lives are routinely threatened.

Our systems are stressed by generations of separation from a more "natural existence," including aboriginal social structures, physical activities, diurnal patterns, and nutritional profiles. The additional stress of modern lifestyles, ours and our forebears', puts tremendous strain on our tissues and organs, causing the diseases that plague us: chronic and autoimmune diseases, cancer, high anxiety, depression, addiction, - it's a long and devastating list - costing us all so much, collectively and personally. The resultant dysregulation of the nervous system puts tremendous strain on our bodies and compromises our inherent ability to restore balance and heal. These loads of toxic stress inhibit the expression of our innate capacity for coherence and resilience, our ability to recover from insult and injury.



Our human biology has a drive to survive and the means to not only get through experiences that threaten our existence, but to repair, rebuild, and grow beyond them, going on to thrive ("prosilience"). The distortions and dysregulation we've suffered often obscure the path forward, but with the right support, we can negotiate our way past these obstacles into vibrant lives.

### **Co-regulating Touch**

The term "co-regulating touch" describes a particular approach to working with trauma. While these types of approaches are particularly effective for developmental and complex trauma, they are also effective for any form of trauma, as stand-alone treatments or as an adjunct to traditional therapeutic modalities. I, as many practitioners, combine this work with other body/mind practices in which I have been trained, such as *Feldenkrais*, *SE*, and as an adjunct to *Generative Change*.

Beneficial, often calming, touch may also evoke unexpected thoughts, emotions, physical reactions or memories that may be upsetting or depressing, evoke anger, etc. If such feelings arise, sharing and processing them with me can be a helpful part of your therapeutic process.

I will always ask your permission and explain my intention before touching you and you always have the right to decline or refuse to be touched without any fear or concern about reprisal.

### **Generative Change**

*Generative Change* was developed by Stephen Gilligan, PhD and Robert Dilts in response to some of life's most important questions:

- How to create great personal relationships?
- How to create a work life that is successful and meaningful?
- How to cultivate a great relationship with yourself — your body, your past, your future, your wounds, your self?


*Generative Change* conversations weave our multiplicity of intelligences (verbal, visual, individual, collective, somatic and intellectual) in such a way that the constellation of our symptoms and suffering can shift into new possibilities for movement, growth, and positive change.

The conversation is organized around your goals for what you want to create, your plans to achieve them, your sources of support (resources), and the obstacles that most challenge you.

At the start of the session, we'll briefly discuss what to expect in the session then I'll lead us in a brief attunement process (this will be the most stereotypical "trance"y moment of the session). From there we'll move into a conversation about the changes you most want to bring into your life.

### **What does all of this look like in practice? Working together:**

- We will work in small, incremental steps ("titration") to gradually introduce more stability and coherence in your bodily systems, avoiding catharsis, which can overwhelm the body's regulatory mechanisms.
- We will facilitate the coherence of your body's neuro-physiological systems through hands-on work and co-regulation, leading to your feeling more and more "safe" in your body and of being less reactive and more responsive.
- We will cultivate your innate capacity for being aware of your bodily sensations, of feeling more and numbing less.

- 
- With your consent, we will use gentle, clothed co-regulating touch in support of the renegotiation process.
  - We will guide your sense of security within the "felt sense" of your body to allow highly-aroused survival energies to be safely experienced and gradually discharged.

### ***You have alternatives***

My approach offers many benefits, including relief of traumatic stress symptoms, reduced chronic pain, increased resiliency, resourcefulness, and responsiveness to the context of the moment. Like any other treatment, it may also have unintended negative or unpleasant "side effects." I want you to be aware that there are other forms of therapeutic body-oriented modalities that may also be helpful to you; there are also many non-somatically focused forms of psychotherapy and counseling that you can choose from.

### **Questions**

If you have any questions about my work, please ask and I will do my best to fully answer your questions. It is your responsibility to tell me if you are uncomfortable, at any time, with any part of the treatment process.

**You have the right to refuse or terminate treatment at any time or to refuse touch, SE techniques, or any other intervention I may propose or employ.**

### ***Extra Support***

Throughout our sessions, together, we will always be monitoring your level of distress. I encourage you to be very open about how this process "feels" to you so I can provide you with additional skills and support as needed.

During times of extra distress, if your main therapist is not available I will make myself reasonably available for crisis calls at the above number. If, however, you are not able to reach me and need immediate support or I am not able to get back to you within an acceptable time, please call the:

**King County Crisis Clinic at (866) 427-4747 [866-4-CRISIS].**

### **Treatment Plan**

In our Intake session, we will develop your treatment plan, starting with the items you describe on page 2 of this form under "What would you like to gain through our work together?" We will explore what you most want to experience or achieve in your life, your commitment to this objective, the resources that sustain you, how you engage with obstacles, and how to sustain yourself in your quest. This will establish our treatment goals and will drive our treatment planning.

If at any point during our work I determine that I am not effective in helping you reach your therapeutic goals, I will discuss this with you and, if appropriate, terminate our sessions. If that were to happen, I would provide you with contact information for other qualified professionals whose services you might prefer. You have the right to terminate our work together at any time.



## Fees and Cancellation Policy

*Intake Session* : In this session we lay a foundation for any further work we may do together. Right from the start, we're looking to establish our shared purpose, build our relationship, and identify the goal of any ongoing work we may do together. If, after the Intake session more work together is indicated, we will identify the most suitable type of session and schedule for you. The Intake is a two-hour *Generative Change* session with a fee of \$200 (prorated in 15-minute increments after two hours).

*Regular Session* : Sessions after the Intake session are 75-minute sessions that may include talk and/or touch work with a fee of \$135.

*Touch-only Session*: In individual cases, I may offer 30-minute touch-only sessions with a fee of \$60.

I do not bill insurance; payment is expected at the time of service; I accept cash, checks, or credit card payments. I hold several treatment slots for clients paying on a sliding scale; please ask if there is an opening or a waiting list. My session rates increase by \$5 each January 1st.

*\*24-hour cancellation policy* : Sessions cancelled with less than 24-hours notice will be charged the full fee.

## Confidentiality

Maintaining your confidentiality is very important to me. What you say to me and any written records pertaining to our sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. The sole exception to this is if there is a reasonable suspicion of child, dependent, or elder abuse or neglect, and/or where a client presents a danger to self or to others, in which case integrity and commitment to safety require that I file a report with the authorities. Maintaining your safety and the safety of those in your life is very important to me. Additionally, disclosure may be required pursuant to a legal proceeding by or against you. You will be notified immediately if any of these situations should arise.

## Background and Training

Certificate: *Transforming the Experience-based Brain* , 2019, (96 hours), developed and taught by Stephen Terrell, PhD

Certificate: *IAGC Practitioner of Generative Change: Generative Trance*, 2019. I am a professional member of the International Association for Generative Change (IAGC) having participated in annual residential supervisions in *Generative Consciousness* and trance with Stephen Gilligan, PhD since 2012.

Certificate: *Somatic Resilience and Regulation: Early Trauma*, 2017, 2018, (twice 72x2=144 hrs), dev. and taught by Kathy Kain, PhD and Stephen Terrell, PsyD

Certificate: *Touch Training for Trauma Therapists* , 2016, (96 hours), dev and taught by Kathy Kain, PhD

Certificate: OIX (Organic Intelligence® Expert), 2016, 120 hrs, dev and taught by Steven Hoskinson, MA

Certificate: *Somatic Experiencing*® Practitioner (SEP) from the Somatic Experiencing Trauma Institute in 2015.

Certificate of Competency: *Hypnotherapy*, from Bastyr University, 2013. I am certified by the National Guild of Hypnotists, and am registered in the State of Washington as a hypnotherapist.

I have been a *Guild Certified Feldenkrais Practitioner*<sup>TM</sup> (GCFP) since completing my 800 hr four-year professional training in 1997; I have completed hundreds of hours of continuing and advanced training and am a professional member of the Feldenkrais Guild of North America.



My academic background includes a Master's degree in Forest and Evolutionary Biology and a Bachelor's degree in Biology. I worked professionally in Conservation Biology before turning my attention to relieving the effects of accumulated stress and trauma on people's lives.

*I have read the above Agreement, Informed Consent, Office Policies and General Information carefully (total 5 pages).*

*I understand and agree to comply with them:*

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Client Signature

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Date

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Client Name - Printed

*If submitted via email, your typed full name will be considered your signature.*

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Hope M Maltz, MS, GCFP, SEP, OIX (Signature)

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Date

The marks *Feldenkrais Method*® and *Guild Certified Feldenkrais Practitioner*™ are owned by the *Feldenkrais Guild*® of North America and are used herein with permission.



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(Optional) HIPAA Privacy Authorization Form

\*\*Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)\*\*

\*\*1. Authorization\*\*

I authorize \_\_\_\_\_ (my other healthcare provider) to use and disclose the protected health information, described below, to Hope Maltz, MS of Moving Into Comfort, LLC.

\*\*2. Effective Period\*\*

This authorization for release of information covers the period of healthcare from: (choose a. or b.)

a. [ ] \_\_\_\_\_ to \_\_\_\_\_.

\*\*or\*\*

b. [ ] all past, present, and future periods.

\*\*3. Extent of Authorization\*\* (choose a. or b.)

a. [ ] I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

\*\*or\*\*

b. [ ] I authorize the release of my complete health record with the exception of the following information:

- [ ] Mental health records
[ ] Communicable diseases (including HIV and AIDS)
[ ] Alcohol/drug abuse treatment
[ ] Other (please specify): \_\_\_\_\_

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until \_\_\_\_\_ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of client or personal representative:

Date

Printed name of client or personal representative and his or her relationship to client