

Dr. Brenda S. Butterfield, EdD, MSW, LHMC

Our New Experience (ONE), LLC

Redmond, WA 98052

*Mindfulness-Based Stress Reduction Meditation Class
Service Contract*

1. Scope

I, Dr. Brenda S. Butterfield, have been employed by you to teach a Mindfulness-Based Stress Reduction (MBSR) Meditation course. During the 8 week course, you can expect me to do my best to help and support you develop mindful practices and mindful meditation skills. Although I am a licensed Mental Health Therapist, it's important to clarify that the MBSR Meditation curriculum is an educational course. It is therapeutic but it is not therapy or a support group. It is not the practice of medicine or a substitute for psychotherapy, medical attention, examination, diagnosis or treatment. The class is not designed to treat any specific condition, but rather to help you develop a different relationship with the stressors in your life.

Although we will be developing relationships by learning and growing together, we will explicitly not be "helping" or advising each other. The focus in the class will be on your health and well-being. You're encouraged to notice what comes up for you with an open, accepting, curious attitude toward oneself and others in the class.

2. Fee

The cost of the class is \$425.00. You agree to pay for this class at the time of registration. I do offer a sliding fee scale for the class and we have agreed on course fee of _____ instead of the full registration fee.

3. Cancellation

I agree to be available for all 8 scheduled classes and the 6 hour retreat. If for any reason I cannot attend class I will notify you via phone or email as soon as possible. To cover all material in the MBSR Meditation curriculum, I will extend the class to ensure 8 classes and a 6 hour retreat is provided. I reserve the right to cancel/postpone the class if a minimum of 8 participants do not register for the class. You will be given a full refund for registration fees paid if the class is cancelled/postponed. If you decide to drop the course before the 3rd class you will receive a refund of 50% of the registration fee. After the 3rd class refunds will not be provided.

4. Attendance

The MBSR Meditation curriculum is designed to be highly interactive and experiential. Therefore, attendance at each class is essential. If you miss a class you will not be able to make it up. The course requires a commitment to attend all 8 classes, complete home practices assigned weekly, participate in a 6 hour retreat and finish the course.

5. Active participation

During the course we will work together to create a safe and supportive environment to learn and grow together. Most of what you learn from this experience will result from your active participation during class and by completing home practices. Your participation in the class is voluntary. You may experience mental and/or physical discomfort during parts of the class. You will be invited to practice some mindful movements and yoga stretches as part of the class. It is your responsibility to do the exercises with awareness, paying attention to your body to prevent an injury.

6. Hold Harmless

You are responsible for the care of your body, mind and soul throughout the course. You can stop participating in any activity at any time if you choose. You agree for yourself, your heirs, administrators, personal representatives, and assigns, to hold harmless the instructor, Dr. Brenda Butterfield, and any and all of her associates, employees, volunteers, agents successors, or assigns, for any and all liabilities, losses, costs, claims, demands or causes of action, past, present and future, known or unknown, relating to any actions in the class or any harm, physical or mental, that results from your participation in the course, and agree to indemnify the Released Parties for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

7. Confidentiality

I, Dr. Brenda Butterfield, follow the confidentiality ethics of the American Counseling Association as well as State and Federal confidentiality laws. Specifically, this means that your confidentiality is secure with me. In cases of child abuse or intent of physical harm to self or others, I am bound by law to report or seek additional help. See note below regarding HIPAA compliance.

You agree that all communication during this course is confidential. You agree to respect the privacy of others in class by not discussing anything that happens in class outside of class. You agree to not approach class members outside of class about anything said in class without getting permission from them first.

8. Termination

You understand that at her sole discretion, the instructor, either in the interest of the group or of yourself may withdraw you from the class.

9. Informed Consent

You acknowledge that you have read this entire document, that you understand its terms and provisions, that it is a binding agreement, that by signing it you are giving up substantial legal right you might otherwise have, and that you are signing it knowingly and voluntarily.

_____ Participant Signature	_____ Dr. Brenda S. Butterfield, EdD, MSW, LMHC
_____ Date	_____ Date

Our New Experience (O.N.E.), LLC is committed to protecting your health information. We are required by law to: maintain the privacy of your protected health information or PHI; give you a notice of our legal duties and privacy practices with respect to your PHI; and follow the terms of the Notice currently in effect. This Notice of Privacy Practices is required by the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we use and disclose information about you, called protected health information, to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; or the provision or payment of your health care. This Notice of Privacy Practices applies to all PHI used to make decisions about your care that we generate or maintain. Different privacy practices may apply to your PHI that is created by other people or entities or kept by other people or entities.