

## CONSENT FORM FOR PARTICIPATION IN GUIDED IMAGERY & MUSIC (GIM) OR FOCUSED MUSIC IMAGERY (FMI)

Client's Name: \_\_\_\_\_

- I \_\_\_\_\_ hereby give my consent to participate in Guided Imagery & Music (GIM) and Focused Music Imagery (FMI) sessions with my guide named Angela Shum, MT-BC, R.N.
  
- I understand that my participation in each GIM/MI session may involve:
  - Verbal discussions about my personal life, childhood experience, musical preferences, and the expression of feelings.
  - Entering into relaxed states with the help of my guide.
  - Imaging spontaneously to music, resulting in relaxation effects; using classical music programs or other types of music.
  - The imaging with memories, physical sensations, fantasies, visualizations and various forms of inner experiences.
  - Dialoguing with my guide while imaging and/or creating visual artistic responses to the music.
  - Increasing my awareness of feelings, thoughts, memories and my relationship with music.
  - Discussions about my imagery experiences.
  
- I understand that GIM/FMI sessions may deepen my therapeutic process and can be used for personal growth, self-understanding and creative enhancement. Significant life/emotional issues may come to light during this process, and sometimes it brings up unpleasant or uncomfortable experiences and will be explored in the context of my therapy sessions.
  
- I understand that I am free to terminate a session and/or I may stop participating in the GIM/FMI series at any time.
  
- I understand that my guide may write transcripts of each imagery experience, one copy for myself and the other for his/her own records. I understand that my guide will keep a file on our work together and that the file will be kept in a secure location.

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- I understand that the session may be audio or video taped. Any drawings may be photographed.
- I understand that all information about myself (including reports, drawings, audio or videotaped) will be held strictly confidential by my guide., with the exception of educational and clinical supervisions.
- I understand that my guide, as a mandated reporter, is ethically bound to report to any criminal intent or potential harm to myself or others to the authorities. This includes abuse to a child, elder or disabled person that I may reveal during a session.
- I \_\_\_do/\_\_\_do not give my permission for my guide to communicate anything about my GIM /MI work to a former or current therapist.
- In the event of other significant issues arise, I may be suggested to seek additional support or guidance and maybe referred to other qualified professionals. I may choose to follow through on these recommendations and referrals or not.
- In addition, I give permission for session materials, including reports, drawings, video or audio tapes to be used for publishing article and research purposes (beyond supervisions)
- My signature below indicates that I have read and understand the contents of this consent form, and that I voluntarily agree to participate as specified above.

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Signature of Client

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Date

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Signature of Angela Shum MT-BC, RN

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Date