

Asheville Compassionate Communication Center

Registration Form

Name _____
Address _____
City _____ State _____ Zip _____
Phone Day _____
Evening _____
Cell _____
Email _____
Workshop Date Desired _____

Have you discussed your participation with your therapist (health professional)? Yes No N/A

(We request you discuss participation with health profession if under care, see Terms of Service)
Intention of Payment/Cancellation Policy

I am submitting \$50 with my registration form. The cancellation policy is full refund less any processing charges (paypal fees if applicable).

Form of payment

- Check or money order (please make the check out to Jerry Donoghue.). Please return this form with your payment to: Jerry Donoghue 150 E. Chestnut St. #1 Asheville, NC 28801
- Credit Card payment online via PayPal: www.ashevilleccc.com/paypal.htm

TERMS OF SERVICE

Clarification of services

Asheville Compassionate Communication Center (ACCC) offers services in education and training. The teachings, instruction, advice, training, recommendations, counsel and referrals provided through written material, in individual coaching, through the 10 week course sessions and phone communications, are not a cure or remedy for physical or psychological problems. Information, education, instruction and coaching provided in the Compassionate Communication course and individual coaching sessions is designed to support, not replace, medical care or any relationships that currently exist between clients and their physicians, psychiatrists, or therapists. They are not an alternative to professional medical treatment. ACCC offers no clinical diagnosis of, or medical treatment for, any physical illnesses, mental disorder, or emotional dysfunctionality that an individual may have. Where the practice of Compassionate Communication is suggested in relation to well-being, it is done solely as education, coaching, mentoring and teaching.

Precautions and permissions

If you are under any prescribed medications or have any serious medical or mental problem—such as bipolar, anxiety, or personality disorders, heart disease, hypertension, chemical dependency, chronic pain, terminal illness, or any recent surgical procedures—please consult your treating physician, psychiatrist, counselor, or psychotherapist before applying for the course or scheduling a individual session.

If you are at all suicidal or at risk of hurting someone, we would like you to be in therapy with a local therapist who can assess you more completely than ever possible via the telephone, and who has the ability to intervene appropriately to protect you or others.

If you are applying for admission into the 8 week course and are presently under regular treatment of therapy (seeing your health professional at least once a month) we would like you to discuss your participation in the course with your primary therapist. We will ask if you have done this during the registration process.

Signature: _____ Date: _____