

WELCOME LETTER

Welcome to The BreathSPACE.

I look forward to the possibility of working with you in support of your health and wellness.

CONTEMPLATIVE CARE

Health is more than the elimination of disease or symptoms. Mental and emotional suffering can lead to physical changes in the body, which, in turn, can lead to health problems. The body heals faster, the immune system operates more optimally, and we can embrace the world with more compassion and ease when our nervous system is flexible and adaptable. Because emotional, mental, social, spiritual and behavioral factors can directly affect your health, I focus on helping you create a sense of resiliency, balance, and peace. Think of this work as *mentoring*. Finding your inner resources, your inner strength and cultivating a sense of meaning and purpose in life are at the very heart of this approach, as I help you *train* to live in a way that aligns with your values and most benefits your whole-person well-being.

WHAT YOU CAN EXPECT

This work is a collaborative process. Together we identify your concrete treatment goals, your assessment strategies and home practices to move you toward those goals. Because the first step involves self-awareness, you will be invited to monitor your physical sensations, moods and emotions, thought patterns and habitual behaviors. You will also be asked to engage in home practices that mirror the training you practice in session.

Common contemplative practices that I use include:

- Meditation & Mindfulness Training
- Compassion & Gratitude Practices
- Breathwork
- Biofeedback & HRV Biofeedback
- Autogenic Training & Self-Hypnosis
- Guided Imagery
- Physical and Postural Exercises
- Journaling

Research suggests that daily home practice (20-minutes, twice a day) between one-on-one sessions is necessary to see lasting benefit and to rewire the nervous system. The more your practice, the more effective your training will be.

SYMPTOMS AND CONTEMPLATIVE CARE & MIND-BODY MEDICINE

This approach emphasizes the whole person rather than a specific diagnosis or disease. That said, monitoring your symptoms can be useful to assess change. Again, while not treating symptoms but how you are orienting to life, contemplative care and mind-body medicine techniques have been shown to be helpful for the following conditions:

- Addictions
- Anxiety
- Asthma
- ADD/ADHD
- Chronic insomnia
- Chronic pain
- Depression
- Fatigue
- Headaches
- High blood pressure
- Hyperactivity
- Insomnia
- Irritable bowel syndrome/SIBO
- Panic attacks / PTSD
- PMS
- Raynaud's disease

SCHEDULING APPOINTMENTS

Whether interested in ongoing mentoring (commonly considered to be *counseling*) breathing with more ease, creating more resilience, etc., maximum benefit comes from consistent practice in-between our sessions. To begin many people schedule about 8 or 10 sessions, at least once a week. However, depending on your personal goals, I do work with people on an ongoing weekly to monthly basis. A commitment of at least eight weekly sessions in the beginning the process is strongly encouraged.

I often have a waiting list for openings, so I am unable to keep a patient on my schedule who misses multiple appointments. I require a minimum notice of 48-hours should you need to cancel your scheduled appointment and greatly appreciate as much advanced notice as possible if you are unable to make it to your session. If you "no-shows" for two (2) appointments with no notice, you will be taken off of my future schedule. If you have a medical illness or any other issue that may prevent you from attending regularly scheduled appointments, please let me know so we can find a workable solution to continuing care.

WHAT TO REMEMBER BEFORE VIRTUAL HRV & BIOFEEDBACK TRAINING SPECIFICALLY

For those interested in HRV (heart rate variability) and biofeedback training specifically where monitoring of the heart rate or other biometrics is involved, keep the following in mind. For general mind-body training, these may not apply. Furthermore, consistency with time of training (appointments) and the following ensure more consistent measurements:

- No smoking 30 minutes – 1 hour prior to training
- No aerobic exercise 1 hour prior to training
- No caffeine 1 hour prior to training
- No heavy meals 1.5 hours prior to training
- Please note all your medications and when last taken (e.g. did you take your thyroid, antidepressant or antihypertensive medications today and what time - within an hour prior to training?)

Finally, certain styles of breathwork / breathing and mind-body practices are contraindicated for specific health conditions, although this does not prevent other forms of training. To design the approach most appropriate for you individually, please alert me immediately regarding any of the following:

- Asthma
- Cardiovascular disease / irregularities, including uncontrolled hypertension
- Current or recent use of blood thinners (such as Coumadin)
- Detached retina
- Epilepsy
- Diagnosis of or family history of aneurysm
- Glaucoma
- Pregnancy
- Hospitalization for psychiatric conditions or emotional crisis within last 10 years
- Current or present diagnosis of the following:
 - mania, bipolar disorder or schizophrenia
- TIA (transient ischemic attack), stroke or seizure
- Other brain or neurological conditions or diseases
- Osteoporosis that is limiting movement
- Recent physical injuries not fully heal

Please let me know if you have any questions.

I look forward to working with you on your journey to building resiliency and peace.

In Peace & Health,



Brad S Lichtenstein, ND BCB BCB-HRV



DISCLOSURE STATEMENT & POLICY

About My Practice

- I am a licensed naturopathic physician and a board-certified biofeedback & heart rate variability specialist.
- All sessions are virtual, either online or via Phone. I use my HIPPA compliant Telehealth program through my booking site, Jane, yet I have used Zoom and FaceTime as well. Several clients, depending upon our work, prefer phone sessions as well.
- Appointment length: The first consultation is 80 minutes and consists of an intake and assessment. Subsequent visits are 50 minutes, unless patients request longer sessions.
- Briefer, 20-minute check ins are available once your home practice has been established to keep you on track
- You can schedule online at: https://thebreathspace.janeapp.com/#/staff_member/1

Payment & Insurance

- Payment is due at the time of visit (Visa and MC)
- I am not contracted with any insurance companies
- I can provide a superbill for you to submit to your insurance carrier directly for reimbursement, if they cover out of network providers. All sessions will be billed as naturopathic medicine or counseling.
- For your benefit and privacy, I never share my records. If seeking insurance reimbursement, please consider this before requesting medical records. I am willing to provide treatment summaries and speak to providers at your request, but I do not provide copies of my actual notes.

Cancellation Policy

- Cancellation policy: > 48 hours without charge, < 48 hours then 50% of visit charge

PRIVACY & INFORMATION SHARING

I authorize the Dr. Brad Lichtenstein & The BreathSPACE to collect my personal and medical information. I understand that my personal and medical information is confidential and will never be disclosed to third parties, including my family doctor and/or referring doctor, without my permission.

Patient Name: _____ Date: _____

Patient Signature: _____ Date: _____

FINANCIAL RESPONSIBILITY

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees.

Patient Name: _____ Date: _____

Patient Signature: _____ Date: _____



CREDIT CARD AUTHORIZATION

By signing below, I authorize Dr. Brad Lichtenstein & The Breath SPACE to maintain a copy of my credit card information on file in case I incur any outstanding balances. This information will not be shared with any third parties and will be kept confidential. You will be immediately informed of any balances or charges before they are applied to your card.

I, _____, hereby authorize Dr. Brad Lichtenstein & The Breath SPACE, to utilize my credit card on file for any outstanding balances.

Credit Card Type: Visa Mastercard

Credit Card Number	Exp Date	CWW	Billing Zip Code
Authorization Signature			Date