



# **Sensorimotor Psychotherapy Institute**

...because words are not enough

## **Student Enrollment Agreement**

#### **Intellectual Property Agreement**

The intellectual property of Sensorimotor Psychotherapy Institute (SPI) and Dr. Pat Ogden and collaborators represents decades of work in Sensorimotor Psychotherapy. This intellectual property includes, but is not limited to: written and digital training materials, videos, Power Point slides, papers and articles, exercises, illustrations, manuals, and handouts.

- **Distribution:** I agree to refrain from distributing SPI's intellectual property.
- **Permission to Give Presentations:** I agree to gain advanced, written permission (no less than 30 days from the date of the event) from the SPI office if I wish to use slides or handouts from SPI trainings in a presentation or workshop.
- **Citing Intellectual Property:** I agree to cite and reference "Sensorimotor Psychotherapy Institute" and/or Sensorimotor Psychotherapy SM's founder, "Pat Ogden" or identified collaborators whenever I paraphrase or quote SPI's intellectual property in presentations, workshops, research, and in written publications.

#### **Confidentiality Agreement**

- I understand that in the course of an SPI training, I may be exposed to personal information about Trainers, students, and assistants. I agree to hold this information in confidence as I would any private, clinical information, whether it is shared in a practice exercise or in the course of contact with other students, assistants, or trainers, during or after the training course.
- I understand that the videos of client sessions shown in SPI trainings contain private, clinical information that is used for the purpose of teaching under the authority of the client. I agree to hold that information in confidence, as I would any private, clinical information. I agree not disclose a patient's identity, words and mannerisms, or any other identifying features.

### **Informed Consent**

- I attest that I am over the age of 18.
- I understand that I am registering for an instructional training that may involve physical, emotional, and psychological activities and that, in all such undertakings, there is always a risk involved.
- I attest, to the best of my knowledge, that I have no physical, emotional, or psychological condition that would preclude me from taking this training.
- I understand that although personal issues will inevitably come up in the course of a long, intense training, SPI Trainings are educational in nature and cannot adequately address personal issues. (Students are encouraged to seek private therapy outside the program if needed or desired.)
- I understand that, in a training setting, the instructional staff cannot always monitor my physical, emotional, and psychological state, and I am therefore responsible for assessing the risk that any activity poses for me and for choosing a safe course of action and self-care.
- I understand that I can always choose to refrain from any activity that might become overly stressful and/or risky for me.
- I have read and understand the above statements, and I agree to assume the risk and responsibility for any injuries or damages suffered by me arising out of my participation in this training.
- I understand that the terms 'Certified in Sensorimotor Psychotherapy SM, and the title 'Sensorimotor Psychotherapist' are used by Sensorimotor Psychotherapy Institute to identify only graduates of the





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Level III: Advanced Skills/ Certification Training who have achieved the highest level of mastery of the Sensorimotor Psychotherapy sm method and who are legally authorized in local/state/province, or country to practice as a mental health professional. I understand that the terms 'Certified in Sensorimotor Psychotherapy' and 'Sensorimotor Psychotherapist' do not, in any way – real or implied – supersede local laws governing my legal authorization to practice as a mental health professional.

Indicated by my signature below, I hereby understand and agree to the terms of this Intellectual Property, Confidentiality, and Informed Consent.

Printed Name:	
Signature:	
Training Level and Location:	Level 1, Ascona
Date:	