



Dear treating clinician,

Your client, _____, has expressed an interest in attending our Yoga Therapy for Trauma Survivors 10 week group given by Intentions Yoga under the guidance of Cynthia Herzog, LCSW. We require that all our participants be in ongoing therapy and discuss attending this group with their therapist.

We are asking that each client's therapist indicate by signing below that they are in agreement with their client attending this group. We have designed the group to be 2 hours a week with one hour consisting of talking and processing and one hour of all levels yoga. The group will practice coping and grounding skills such as anxiety reduction, mindfulness, and body connections.

We are aware of the triggering potential of different personal experiences so we ask that you discuss the group with your client and help them make the right decision. We have provided a space below for your contact information so that we may contact you should we feel the need to inform you of anything we believe you should be aware of arising from our work with your client.

For more information, you can read about Cynthia at her site.
<https://vistaeap.com/>

We look forward to meeting your client in September.

Respectfully,

An Infinite Mind and
Cynthia Herzog LMHC

By my signature, I affirm that I have discussed this matter with my client and feel that my client is able to safely attend this group.

Therapist name and Signature:

We ask that you provide us with the included signed Release of Information for us to be able to communicate with you prior to their admission into this group. Please make sure contact information, including phone number, is included on the release. We appreciate your understanding as we make our best effort to insure that this group is a positive experience for all participants.