

Mindfulness For Living: MBSR Support Services Release Form

Date: _____ Participant's Name: _____

Dear Provider:

Your patient/client is enrolling in the MBSR program: an eight week, nine session group educational program consisting of 2 ½ hour classes weekly, and a full day guided silent retreat.

Various skills of Mindfulness will be taught having to do with body centered awareness and breathing, as it relates to focusing attention in the present moment. There will be intermittent periods of silence with guided sitting, standing, and lying down meditations, along with periods of slow, gentle stretching and movement. Your patient/client will be expected to dedicate 45 minutes a day towards Mindfulness home practice.

While MBSR is taught in a group format, and considered therapeutic, it is **not group therapy**. There are many years of evidenced-based research to support the value of Mindfulness, and its positive impact on health and well being. Please sign below indicating your support that participation in this MBSR program will not interfere with your current management plan, and that your patient/client is mentally stable to participate. Please feel free to contact me with any questions about the MBSR program.

Sincerely,

Holly Nelson-Johnson, MSN, APN, FNP-BC
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This patient/client is stable to participate in the MBSR program: Yes _____ No _____

Will you see this client/patient during the 8-week MBSR program: Yes _____ No _____

Provider Signature: _____ Please Print Name: _____

Provider Address: _____ City, State, Zip: _____

Provider Email: _____ Provider Phone: _____

I (Participant's name) _____ give permission for the MBSR program instructor to contact my mental health provider if necessary; and I give permission for the mental health provider to speak with the MBSR program instructor.

Participant Signature: _____ Please Print Name: _____