Mindfulness-Based Stress Reduction (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 educational program consisting of two and one half 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 practices, along with periods of slow, gentle stretching and movement. Your patient/client will be expected to dedicate forty-five to sixty minutes a day towards Mindfulness practice.

While MBSR is taught in group and individual formats, and considered therapeutic, it is not group or individual therapy. There are many years of evidenced-based research to support the value of Mindfulness practice, 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 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: _____________________

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