

Welcome to the World of **RIM**[®]

Lynn F. Hellerstein, RIM[®] Facilitator

I am thrilled that you have chosen to experience RIM[®] - a technique that allows you to directly communicate with your unconscious, intuitive mind. It is a gentle, profoundly effective process that navigates the RIM between Mind and Body... Head and Heart for greater vitality, success and happiness. It is designed to help people process and heal emotional wounds stored in their memories. It releases your extraordinary inner resources to lift your spirit and inspire effortless action! Overall, RIM is about empowering individuals to transform their past experiences into sources of strength and growth, rather than being held back by them.

As an unprecedented inner technology for the 21st century, RIM[®]:

- Re-verses regrets
- Improves the quality of decision making
- Releases physical symptoms
- Rekindles a felt experience of inherent wholeness
- Resolves conflict with others
- Neutralizes painful memories
- Uncovers an internal sense of comfort, safety and ease
- Reveals compelling images that empower you
- Integrates successful future outcomes for effortless action
- Dissolves hidden emotional beliefs/feelings causing subconscious self-sabotaging
- Significantly shortens the time and energy for emotional and physical healing

RIM[®] is validated by the latest neuro-science findings discovered by Dr. Deborah Sandella. In research specifically applying RIM techniques, participants had a significant reduction in the hallmark symptoms of stress-related illness and experienced a significant increase in their quality of life.

Each session is complete and independent of other sessions and offers a complete piece of work. Many Clients decide to have a series of 3-5 sessions to reinforce and accelerate session changes into a new way of living. Physical healing of chronic illness may require more frequent, ongoing sessions. A RIM[®] session is generally 1-2 hours long, which includes time for us to talk briefly before and after the process. You will sit or recline in a comfortable position and become relaxed with your eyes closed yet awake and consciously interacting without physical contact between us. In the weeks following your session, many clients find it helpful to revisit the new self-affirming images and sensations, which further integrates the changes into your body, mind and life.

Payment: A donation to a favorite non-profit charity is requested. RIM session fees typically range from \$150-350. Several of my preferred charities include:

[Rocky Mountain Equality](#) [Jewish Colorado](#)

***Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Lynn F. Hellerstein from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).**

–Signature: _____ Date: _____

NOTE: *If you need to cancel or change your appointment, please notify me with at least 24 hours notice. Missed appointments without 24 hours notice incur charges.*

Directions for Zoom sessions: I will send you a zoom link prior to your appointment. Please let me know if you don't receive one by the day of your appointment.

Directions for Phone sessions:

We will agree on whether it's best for me to call you or you to call me.

*My phone number is: 303-550-3647 (**sessions only**).*

In preparation for your RIM® session, please complete the following forms and either mail, email, or take a picture of the signed form and send it to me prior to the first session.

I am looking forward to being with you!

Warmly,
Lynn F. Hellerstein

PLEASE COMPLETE INFO FORM NEXT PAGE AND RETURN A COPY OF PHOTO OF YOUR FORM
TO: DrH@LynnHellerstein.com Thank you!

RIM[®] Client Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Referral Source: _____ Phone: _____

Therapist/Psychiatrist: _____ Phone: _____

Signature for Permission to call Therapist: _____ Phone: _____

Have you ever been hospitalized for mental health reasons? Yes No

Have you ever been diagnosed with Manic Depression Yes No

Do you have early childhood trauma e.g. parent loss or alcoholism, abuse, neglect

Are you taking medications for psychological reasons? Yes No

If yes, please list problem and medication?

I understand RIM[®] is a form of transformational facilitation that unleashes inner resources for self-insight and healing. Through this process, I have the opportunity to observe, learn about, and clear emotions and behavioral patterns that have blocked me from having what I want. I accept and take full responsibility for what I may learn and the feelings I may have that develop during or subsequent to the RIM[®] session.

Operating from a holistic model, RIM[®] is very different than psychotherapy, traditional counseling and life coaching. I understand that my RIM[®] Facilitator is not practicing psychological therapy or counseling. And except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless (your name) from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Signature: _____ Date: _____

Relationship if not self: _____