

CONSENT, POLICIES AND CONFIDENTIALITY

CONSENT

I consent to receive a private session at The Polarity Center at my own risk. I understand that these sessions may involve gentle manipulation of the body and I understand that these services are not covered under my insurance and I agree to pay for these services out of pocket.

I understand that any information I receive during my session is derived entirely from professional and lay sources (which include articles, books, journals, etc.) and that this information is offered only as an educational tool, not as a diagnosis. Should I decide to use any provided information, it is my own choice and responsibility.

I also understand that it is my responsibility to inform my practitioner, if I have or develop any conditions that require treatment by a physician or psychiatrist/psychologist, especially the following: diagnosed mental illness, history of abuse, epilepsy/seizures/stroke, diabetes, or possible pregnancy and orthopedic/musculo-skeletal injury.

In consideration of this, I, for myself, my heirs and my legal representatives do hereby release and forever discharge The Polarity Center, its sub-contractors, and employees from any and all causes of actions, suits, debts, claims and demands of any kind whatsoever arising from or by reason of any injuries which might occur as a result of receiving a session.

POLICIES

I agree to honor the following policies.

- * **Sessions** – Billed amount of time includes the initial discussion as to why the client is there, the bodywork component, the closing discussion and the making of payment. The sessions will begin and end at the agreed upon time.
- * **Payment** - Payment is due on the day of the session. Clients are responsible for paying for the entire session, even if they are late.
- * **Cancellations** – If clients give less than a 24-hour notice of cancellation, they will be charged a cancellation fee of \$45. This fee will be waived if the practitioner's time was able to be filled.

CONFIDENTIALITY

I understand that my practitioner adheres to a strict policy of client confidentiality. No information that can identify me will ever be released without my express written permission.

I certify that I have read, understand and agree with the contents of this form.

Name (please print legibly): _____

Signature: _____ Date: _____
(If minor, signature of parent or guardian)