

Client Consent Form

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Payment Information: Payment is due at time of service or paid ahead, unless prior arrangement has been made. Receipts available upon request. Unfortunately, we are unable to accept health insurance at this time. A statement may be provided that you can send to your insurance company for reimbursement as they allow.

Cancellation and No-Show Policies: If you must cancel or reschedule, please do so at least 48 hours in advance. We charge for the full session for cancellations made with less than 48 hours notice. In inclement weather, you will be contacted that day. If you need to postpone due to menstruation, you are required to reschedule or you will be charged for the full session.

Evaluation & Treatment: If you are receiving a pelvic floor assessment, this assessment includes an internal vaginal exam to assess pelvic musculature health. Treatment for any findings may include internal vaginal massage, instruction in pelvic muscle and breathing exercises, rectal assessment, massage, vaginal steaming and the Arvigo Techniques of Maya Abdominal Therapy®. If you prefer to only receive abdominal massage and vaginal steaming without internal pelvic work, please specify prior to treatment. This will all be discussed in detail at your initial intake visit.

Privacy Practices: I understand that Elise Thomson, CM will use and may disclose my private health information, which may include written records or spoken words regarding health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, and similar types of health-related information, in the course of providing care to me, or in the event of consultation with other third parties, including health care providers. If I request submission of my medical records to any third parties (eg health care providers, case managers, insurance representatives, lawyers), I understand that I will need to provide a signed release prior to the transmission of medical records or any discussion between Elise Thomson and any third party about my treatment.

Release Form: I understand the nature and purpose of the procedures, evaluation and courses of treatment. I understand that these modalities are not a replacement for medical care, and that the practitioner does not diagnosis medical illness, disease or other physical or mental conditions unless specified under her professional scope of practice. The practitioner may recommend referral to an appropriate qualified health care professional for any physical or emotional conditions I have that fall outside her professional scope of practice. I have stated all my known conditions and take it upon myself to keep the practitioner updated on my health.

I understand there is no guarantee of outcome of any treatment, and that patients may experience of range of effects, as well as emotional responses to the treatment. I understand and agree that if at any time I experience symptoms that concern me or difficulty integrating a pelvic session, I will promptly consult my treatment provider (primary care physician or counselor, as applicable).

I, _____, give my permission to Elise Thomson, CM, to take my health history and notes in our sessions. By signing below, I consent to evaluation and/or treatment of my condition by Elise Thomson, CM. I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I certify that I have read, fully understand, and agree to the terms of this consent form. I understand the payment and cancellation policy. I understand that a copy of this form is available upon request.

Patient signature _____ **Date** _____

Printed name: _____

Practitioner signature _____ **Date** _____

Printed name: _____