

Informed Consent & Wavier

1. I understand that Biodynamic Craniosacral Therapists and holistic practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that Biodynamic Craniosacral Therapy (BCST) and alternative holistic therapies are not substitutes for medical treatment, and that Rhonda Olson, the therapist, recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session. I do not have any injuries or conditions that would prevent me from receiving a BCST session, nor have I been told by a health care provider that I should not receive alternative therapies.
2. I understand that body work services are a therapeutic health aid and are non-sexual. I understand my therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.
3. Any information exchanged during a body work session is confidential and is only used to provide me with the best health care services available. I understand that the therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.
4. I understand that my feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my session, it is my responsibility to inform the therapist in order to enable the therapist to adjust.
5. The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that therapy would put my health or the therapist's health at risk.
6. I acknowledge that I am responsible to be on time for my appointments and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible to pay for the full time I have booked with the therapist if I am late. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give twenty four (24) hours' notice when I need to change or cancel my appointment, I agree to pay the therapist in full for the booked appointment time. I further understand that I will be additionally charged \$30.00 for any returned checks. This is the fee that the bank charges.
7. I understand that body work is for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.
8. I understand that BCST is designed to encourage the body's natural healing processes. I agree that the therapist will not be held responsible for any changes that occur during or as a result of this therapy which may affect my health and well-being in any way.
9. I understand that the therapist does not prescribe medical treatment of pharmaceuticals, nor does she perform any manual spinal manipulations.

10. I understand that service offered today, and in the future, are not a substitute for medical care and that any information provided to me by the therapist is purely for educational purposes and is not diagnostically prescriptive in nature.

11. I have stated all of my known medical conditions on the Client Intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

12. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health during subsequent sessions and I further understand that the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.

13. I have reviewed this form in its entirety and I have discussed all my concerns regarding my treatment with my therapist.

ACKNOWLEDGEMENT SECTION CLIENT: By signing this "Informed Consent and Wavier", I consent to receive therapy with Rhonda Olson and hereby agree to all policies of Rhonda Olson, and waive and release Rhonda Olson from any and all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the therapist relating to body work. I further undertake to indemnify Rhonda Olson harmless from any incident(s) arising from my use of the therapy services. I agree to and acknowledge the foregoing on this day of _____, 20__

_____ (Signature)

_____ (Printed Name)

Are you under age 18?

Yes No

PARENT/GUARDIAN WAVIER FOR MINORS: If the client is less than 18 years old, the Client's parent and natural guardian hereby represents that he/she is, in fact, acting in that capacity, has consented to his/her child or ward's availing of the services of Rhonda Olson, and has agreed individually and on behalf of the child or ward, to the terms of this "Informed Consent and Wavier". The undersigned parent or guardian further agrees to save and hold harmless and indemnify Rhonda Olson from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon Rhonda Olson relating to body work on behalf of the Client and all of the Client's parents or legal guardians. I agree to and acknowledge the foregoing on this day of _____, 20__

_____ (Signature)

_____ (Printed Name)