

Policies and Consent to Treat

Note from Amanda: I am a sole-proprietor with a limited number of sessions available, thus, I must charge for missed sessions that leave me without enough time to find a replacement. But, I really don't like doing it. So, here are a few methods I've devised to avoid that mutual unpleasantness:

About email: I find email in general to be a less reliable mode of communication, and the nature of my business means that I may not get to email for up to two days at a time. If you would like to cancel via email, you must get confirmation from me prior to 48 hours, otherwise, Please call and leave a voicemail.

About illness: If you are sick in the days leading up to your session, Please let me know. I must check in with my own immune system prior to having you in for a session. You will not be charged if I decide not to have you in.

About potential conflicts/illness: By the same token, if you have been ill and don't know if you will be better in time for your session, or have a baby due in the family, or might have last minute work come up, etc. Please let me know. I may be able to arrange a back-up for your time slot, or make an agreement with you to keep the session knowing you may need to cancel last minute without fee.

I agree to be on time for my appointments and to accept financial responsibility for any appointments missed or cancelled without 48 hours notice **by phone** (or with *confirmed* email: see "about email" above). Sessions cancelled with less than 48 hours notice are subject to fee. **Initial here** _____

I agree to pay the full session rate for any session missed or cancelled less than 24 hours prior to the session. **Initial here** _____

I agree to pay a cancellation fee of \$75 for any session cancelled between 24 and 48 hours prior to the session. **Initial here** _____

I understand that the intent of SOMA Bodywork is to improve the functioning of my body and mobilize the energy and that the work is not represented as a substitute for medical care, and that any relief of symptoms is incidental to the treatment. I give permission to Amanda Coleman, LMP, Certified Soma Practitioner to do what is necessary to facilitate this process, including, but not limited to, touching my body. **Initial here** _____

I have read and agree to the above policies. I understand that I am invited to discuss any questions or conflicts.

Client Signature

Date

Name _____

Telephone (H) _____

Address: _____

(W) _____

City: _____ State: _____ Zip _____

(C) _____

Email _____

Person to contact in case of emergency:

Name _____

Telephone _____