

Office Policies Consent Form

I understand that the services I receive from Anne Rodic are supportive adjuncts to any needed medical care. If I am coming for Counseling or Reiki, I understand that these are tools to help me relax, learn new coping skills, reduce stress, gain spiritual awareness and insight, make positive changes and support my body in healing itself.

They are not a substitute for any needed medical treatment or consultation.

I understand that no claim is being made by Anne Rodic as to curing any disease or condition I have. I recognize that my body has the ability to heal itself and that its ability to do so is enhanced by relaxation and stress reduction. I understand that to receive the full benefit of counseling and natural healing techniques that commitment, and consistency enhance my experience.

I understand that if I am coming for Reiki, which is a form of Healing Touch, that my practitioner will place their hands using light or moderate touch at standard hand positions or send energy from off the body. I will inform my practitioner if there are any areas of my body that I prefer not to receive Reiki.

I release Anne Rodic from any responsibility for my actions, experiences and my responses to Counseling, and all supportive Natural Healing modalities.

I further agree that I understand and will abide by these office policies:

Reminder Calls. I will not receive reminder calls of appointments. Appointments start and end on time. If I am late, the appointment will start when I arrive and will end at the scheduled time. If my practitioner is late, I will be compensated appropriately either with an extended session ending time or reduced fee.

24 hours notice is required for all rescheduled and cancelled appointments. Late notice of cancellation of appointments will result in a late cancellation fee of \$25. No shows for appointments, unless there is an emergency and I am physically unable to give notice, will require payment of a no show fee of \$50.

Payment in full of session fee is expected at the time of each appointment or in advance. I understand that this office does not do billing or allow balances to accrue. If I am in need of negotiation of the fee I will do that in advance of the time of expected payment.

Reduced Fee Agreement: If I have received a reduced fee based on my financial circumstances and my situation has changed, I will inform my practitioner to renegotiate my fee. If I have been given a reduced fee to allow me to come for sessions on a regular basis, the fee is dependent on coming in regularly. Coming in for sessions on an as-needed basis is welcome, however it does not qualify me for a multi-session discount.

I will inform my practitioner if I come to a session under the influence of any drugs or alcohol, and of changes in my health, medications, health care providers and emergency contact information.

I understand that to receive the most benefit from the services offered in this office, I must not be abusing mood altering medications, drugs or alcohol. If this is the case, I will inform my practitioner.

I agree to inform my practitioner immediately if I am experiencing feelings of hopelessness or despair, or am having any thoughts of harming myself or others.

My signature on this form confirms that I understand and agree to all of these policies.

Name of Client: _____

Signature of Client: _____

Date: _____

Witness/Other if needed: _____

Date: _____

(Signature of parent or legal guardian is required for all clients under the age of 20)