

CONSENT FORM FOR THERAPY SESSIONS WITH Vondette Brinson, LMT, AdvCBP, PaCBP

PLEASE take a moment to carefully read the following information and initial and sign where indicated.

I, _____ (print your name), understand that Vondette's approach to health is that of a holistic nature. She addresses each individual as a unique being with diverse needs mentally, physically, emotionally and spiritually. There is no assurance that I will feel better or obtain improvement with my presenting condition(s). _____ (initial)

Vondette's intent is to assist me with as much ease and grace as possible in as few sessions as possible. For some this may occur in a few sessions, for others it may take longer. I am ultimately responsible for my personal healing and well-being. _____ (initial)

If at any time I feel uncomfortable with my session, it is my responsibility to inform Vondette. Self-care is an extremely important part of my healing process, and I know Vondette respects and supports me in this. I am willing to also make appropriate lifestyle changes as needed. _____ (initial)

I also understand that while I may immediately experience positive changes and results, I could also experience temporary difficulties as my body repairs itself. My symptoms may intensify for a short period before relief is felt, so I won't be alarmed if this happens. I will be encouraged because these symptoms tell me that the therapies are working, supporting the body as it makes changes, addressing problems more aggressively. _____ (initial)

I also agree to be patient and gentle with myself as I process and integrate these changes. If my body must create new neural pathways or generate new tissue or cells as it rebuilds healthier organs, joints, etc., this may take a few weeks or months, depending on the complexity of the task. If for any reason I am unable or unwilling to allow the time I need to heal after a therapy session, I will tell Vondette before our session. _____ (initial)

I affirm that I have stated all known medical conditions, and have answered all questions honestly and to the best of my ability. I understand that this is not a substitute for medical examination and diagnosis. I understand that Vondette does not diagnose illness, disease or any other physical or mental disorder. Likewise, she does not prescribe medical treatments or pharmaceuticals, nor does she perform any spinal adjustments. Any information provided is for educational purposes only. _____ (initial)

FOR DIABETICS OR ANYONE WITH HEART OR BLOOD PRESSURE PROBLEMS:

I understand that I must re-evaluate the need for insulin or other diabetic regulating protocol, or blood pressure regulatory medication(s) every day while I undergo therapy because I know that the body may make fundamental changes very quickly. I hereby agree that I am willing to do so in a responsible manner.
_____ (initial)

NO SHOWS AND CANCELLATIONS:

I understand that my appointment purchases Vondette's time. If I don't show up for my appointment, I still owe for her time. If I need to reschedule, I will contact her at least 24 hours before my date so that she can offer my time to someone else who needs it.

CLIENT SIGNATURE _____ DATE ____/____/____

THERAPIST SIGNATURE _____ DATE ____/____/____