

**GRAND RAPIDS NATURAL HEALTH POLICIES AND
PROCEDURES MASSAGE THERAPY/CRANIAL SACRAL
THERAPY**

By signing this form, I understand that Lisa Gowins, LMT, Madelon Hassberger, LMT, and Chris Wheeler, CranioSacral Therapist will be providing my massage therapy and/or CranioSacral therapy treatments at the office of Grand Rapids Natural Health. I understand that this therapy is complementary to the treatment of my primary care physician ("PCP") and other specialty care physicians, but does not take the place of regular follow-ups and care with my primary care physician. I acknowledge that my Grand Rapids Natural Health therapist is not my primary provider for my diagnosed or other health conditions and cannot diagnose and/or treat disease. I agree that I will maintain a relationship with a PCP throughout my care at Grand Rapids Natural Health.

I do understand that Lisa Gowins, Madelon Hassberger, and Chris Wheeler follow the privacy practices of Grand Rapids Natural Health and my confidential information will be kept private. I acknowledge that I have received a copy of these privacy policies.

I understand that Chris Wheeler (1Breath4All LLC), Madelon Hassberger (Mad About Me, LLC) and Grand Rapids Natural Health, LLC are separate entities, which conduct separate practices. Madelon and Chris rent office space from Grand Rapids Natural Health, LLC. Grand Rapids Natural Health, LLC exercises no control over the practice of Chris and Madelon. I will not hold Grand Rapids Natural Health, LLC responsible for any actions or inactions of Chris Wheeler or Madelon Hassberger.

Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee. It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is considered to be late when the appointment is canceled without a 24-hour advance notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

I give Grand Rapids Natural Health permission to subscribe me to monthly newsletters and promotional deals.

____ yes _____ no

Signed: _____ Date: _____

I am the:

- Client
- Parent/Guardian of Client

