



CLIENT CONSENT

Client Name:

PAYMENT INFORMATION. Payment is due before or at time of service. Initial session rate is \$250 for 1.5 hours. Follow up session rate \$195 for 1 hour. Plan for an initial and at least 1 follow up session in order to assess progress. Generally clients should expect between two to eight appointments. Follow up session packages: 2 sessions: \$350 (10% discount), 4 sessions: \$665 (15% discount), 8 sessions: \$1,250 (20% discount).

CANCELLATION AND NO SHOW POLICIES. If cancellation notice (by email or phone call) is not received at least 48 hours in advance, full payment for the missed appointment will be due prior to your next appointment.

PELVIC FLOOR EVALUATION/TREATMENT. If you are receiving a pelvic floor assessment, this assessment includes an internal vaginal exam to assess pelvic musculature health. Subsequent visits for treatment of findings may include internal vaginal massage, instruction in pelvic muscle and breathing exercises, rectal assessment, massage, craniosacral therapy, Somatic Experiencing®, and other techniques as needed. I understand and consent to these services, to be provided at the discretion of the practitioner. I also understand there is no guarantee of outcome of any treatment. Clients may experience a range of effects as a result of treatment. In addition to many benefits, clients may experience physical effects such as soreness or bleeding, as well as emotional responses to the treatment. I understand and agree that if at any time I experience symptoms that concern me or have difficulty integrating a pelvic session, I will promptly contact the practitioner and other applicable treatment providers (primary care provider, therapist, etc).

PRIVACY PRACTICES AND RELEASE OF INFORMATION. I understand that Chanti Smith, CPM, LM, SEP will use and may disclose my private health information, which may include written records or spoken words regarding health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, and similar types of health-related information, in the course of providing care to me or in the event of consultation with other third parties including health care providers. If I request submission of my medical records to any third party (e.g health care providers, case managers, insurance representatives, lawyers). I understand I will need to provide a signed release prior to the transmission of medical records or any discussion between Chanti Smith and any third party about my treatment. I have the right to receive a written Notice of Privacy Practices should I request it.

By signing below, I consent to evaluation and/or treatment of my condition by Chanti Smith, CPM, LM, SEP. I understand the nature and the purpose of the procedures, evaluation and course of treatment. I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. I certify that I have read fully, understand, and agree to the terms of this consent form.

Client signature: _____ **Date:** _____

If the client is a minor: I, _____ as the _____ parent or _____ guardian, authorize Chanti Smith, CPM, LM, SEP to provide treatment to the client.