



Dear Client:

Holistic health is an approach, which emphasizes seeing the individual as a whole and is characterized by the complete integration of body, mind, and spirit. Body, mind and spirit are seen as inseparable concepts. Some of the information requested may not appear to be related to your particular problem(s), however, experience has proven that providing accurate and comprehensive information is to your advantage, leading to insights that otherwise may be overlooked.

I respect client confidentiality; names and records are never shared outside of the office without your expressed consent. My policy is to ensure each client receives individualized care based upon his/her pattern diagnosis and to uphold the highest professional standards in the industry. Although my practice is open to the community and I strive to assist all who seek an holistic method of health care, I maintain the right to deny service for any reason.

**CANCELLATION POLICY: I encourage clients to arrive on time and request 24-hour notice of cancellation. If for any reason, you need to cancel with less than 24 hours, you are responsible for 50% of the normal fee. Any missed appointments without notification will be charged full price.**

I deeply appreciate your patronage and wish you health and happiness.

By signing below, you understand the above and agree to take all recommendations as suggested steps to prevent imbalance and disharmony and to promote well-being. You further understand that this therapy should not be interpreted as replacement for allopathic treatment and will seek conventional medical treatment when and if necessary. Finally, you understand and accept the above policies.

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Name (Please Print)

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Signature

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Date