

CLIENT INFORMATION AND CONSENT FORM

Name: _____ Home #: _____

Address: _____ Work #: _____

Doctor's Name: _____ Phone #: _____

I would like to welcome you to my acupressure practice and to inform you of some important information that pertains to our professional relationship.

1. **Confidentiality:** Anything that we discuss in a session is confidential, with the following exceptions:
 - a. Information may be disclosed if necessary to protect yourself or others from physical harm.
 - b. If information is given to me regarding abuse of a child, I am obliged by law to disclose that information to the Ministry of Social Services, in order to protect children who may be at risk.
 - c. Sometimes I consult with other professionals to assist me in my work. When consulting the names of clients are omitted to protect your identification.

If any of these exceptions apply to you, let's discuss it before we begin.

2. **Fee for Acupressure Services:** My fee for acupressure is _____ per session.
3. **Canceling or Rescheduling Appointments:** If you need to cancel or reschedule an appointment, please give me 24 hours notice, so I am able to give the space to someone else. If you do not provide me with 24 hours notice you will be charged for the missed session.

I understand and give my consent to these conditions and agree to a release of information, in case of any of the above conditions.

Signature: _____

Date: _____