

Informed Consent for Rolfing®, Structural Integration

- ◆ I understand that the Rolfing® practitioner, Benjamin Williams, is not a physician and does not diagnose illness, disease or any other physical or mental disorder. Nothing said or done by the practitioner should be misconstrued as actual medical advice, medical treatment or medical diagnoses. Any information provided by the practitioner is for educational purposes only. The practitioner makes no promises or guarantees about his work. It is recommended that I see a physician before beginning any program of physical conditioning or bodywork and for any physical or mental ailment(s) that I may have.
- ◆ I fully understand that the purpose of Rolfing® is to balance and align the physical body. This is done through direct manipulation of the body, movement assessment, and education. I give the practitioner my permission to apply the manual therapy techniques and movement education at his disposal to help me establish better structural alignment and physical function.
- ◆ I will let the practitioner know any questions or concerns I may have about the Structural Integration process and/or what I am experiencing. I understand that if I become uncomfortable for any reason, I may ask the practitioner to end the Rolfing® session. I understand that Rolfing®/bodywork is not sexual in any manner.

Cancellation Policy

- ◆ I acknowledge that my appointment time has been reserved especially for me, and if I cannot keep my appointment, I will provide Ben with at least 24 hours notice so that he may schedule other clients waiting for an appointment.
- ◆ All cancellations require 24 hours notice except in cases of illness, injury, or family emergency. I agree to pay the full session fee for appointments I miss for any other reasons than illness, injury, or family emergency.
- ◆ If the practitioner, Ben, cancels with less than 24-hours notice for any other reason than illness, injury, or family emergency, I will receive a make-up session at no charge.
- ◆ Fees are due and payable at the time services are rendered, unless prior arrangements have been made.
- ◆ I am over 18 years of age. Or, I am a parent or guardian who is over 18 years of age, signing on behalf of a minor.

Signature _____ **Date** _____