

# SACRED WINDS CENTER FOR HEALING

## Permission To Treat and After Care

The primary objective of Sacred Winds is to create an atmosphere of trust and safety to enable you, the patient, to heal as optimally and efficiently as possible. This requires a partnership of dialogue throughout the process of your treatments. All treatments you receive at Sacred Winds will comply with state licensing laws.

I understand that I am an active participant in my therapy and that it is my responsibility to provide accurate and timely feedback to the therapist about my response to any technique/session. I am responsible for keeping my therapist updated on any change(s) in my healthcare status (new injury, change in medication, etc.)

I understand that I am in full control of my treatment. I understand that I have the right to cease any technique/session by asking my therapist to HALT (in place of stop) and that my request will be respected without question. The therapist may also stop treatment during a session if the need arises.

I understand that payment is expected in full following each session, with the exception of Intensives that will be paid in full at the time of scheduling.

***After Care:*** *It is recommended to drink plenty of water and take Epsom Salt baths after every session to reduce discomfort from the changes that are naturally occurring in your body and to enhance the treatment.*

By signing below, I acknowledge that I have read and understood the statements above.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_