

## **Bethany Bachmann LLC Liability Waiver**

**Bethany Bachmann LLC Scope of Practice:** I understand that Bethany Bachmann LLC does not diagnose disease, illness, or any other physical or mental disorder. As such the practitioner does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulation. It has been made clear to me that bodywork is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment I might have. It has also been made clear to me Bethany Bachmann LLC is not a psychotherapist or mental health counselor.

**Health Information:** I have filled out the adult health history form completely and accurately to the best of my knowledge. I will keep Bethany Bachmann LLC informed of changes to my health or healthcare.

**Services:** Bethany Bachmann LLC is a certified craniosacral therapist and licensed massage therapist. Intra-oral techniques are offered when indicated. Other teachings such as hakomi-based bodywork, neurobiology for post-traumatic growth and energy work may be integrated in sessions within the scope of a bodyworker.

**Mental Health:** If emotions, memories or unresolved trauma arise that does not find resolution in a session it is my responsibility to get extra support with a mental health counselor.

**Integration of Sessions:** Integration of a session can last for 48 hours. Sometimes there is a brief worsening of a condition before it starts to improve. Mild detoxification may occur.

**COVID-19:** I understand that Bethany Bachmann LLC and any of its affiliates or agents cannot be held liable for any exposure to the virus or any other contagion. I understand that, because bodywork involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. Massage practitioners are not authorized to share the health data of their clients without the client's written consent. However, if there has been someone in my office who has developed symptoms of COVID-19 within two weeks of your visit, I will need to contact the local Health Department for consultation and guidance.

I ask that you assess your own risk and follow the recommended guidelines to ensure your own safety. If you have any doubts please contact your Health Care Provider to talk over safety before receiving craniosacral therapy sessions.

By signing below, I understand and agree to each above statement and release Bethany Bachmann LLC and its affiliates or agents from any and all liability. I give my consent to receive services provided by Bethany Bachmann LLC.

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Signature

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Date

## Bethany Bachmann LLC Policies

**Payment:** Payment is expected at time of service. Cash, check, and credit card are accepted.

**Client Confidentiality:** Bethany Bachmann LLC does not sell client information. I understand that Bethany Bachmann LLC will not share any of my information with any persons or organizations unless 1) required by law to do so or 2) when necessary to consult with other health care professionals to provide optimal care.

**Cancellations:** Please notify Bethany Bachmann LLC of a cancellation 24 hours before your appointment.

**Lateness:** Your appointment may have to be shortened as a courtesy to the practitioner and other clients if you arrive late. Full payment for the scheduled session is still expected even if the session is shortened due to lateness. If you are more than 15 minutes late without calling ahead, your appointment is considered cancelled.

**Communication:** It is OK for Bethany Bachmann to communicate with you by phone, email and text.

Your signature below signifies acceptance of Bethany Bachmann LLC Policies:

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Signature

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Date