

## Policies

- All Cancellations require 24 hours notice or the full session fee will be charged.
- If you have an illness, contact your Biodynamic Craniosacral Therapist to reschedule.
- Payment in cash or a check is due in full at each session unless prior arrangements have been made.
- Please advise your Biodynamic Craniosacral Therapist if you need a receipt.
- If you have any questions or concerns about your Biodynamic Craniosacral Therapy process or what you are experiencing, please contact us.

I hereby apply for a standard session or sessions of Biodynamic Craniosacral Therapy and certify that the information indicated in the health form is true and accurate to the best of my knowledge.

I fully understand the purpose of Biodynamic Craniosacral Therapy is to balance and align the physical body and support the health of the nervous system. This is done through direct manual manipulation, light touch work and client education so that greater economy and freedom of body movement and a sense of connection and wellbeing are achieved.

I understand Biodynamic Craniosacral Therapy is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Biodynamic Craniosacral Therapist does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by the Biodynamic Craniosacral Therapist should be misconstrued to be such.

I understand it is necessary for the Biodynamic Craniosacral Therapist to touch my body in order to assist me in establishing balance and alignment in the body.

I give my Biodynamic Craniosacral Therapist, Christopher Howard, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Biodynamic Craniosacral Therapist license to work on my body in such a way as to restore and establish balance and alignment therein.

All records maintained by the Biodynamic Craniosacral Therapist regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

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Client's signature and Date