



DKC Yoga, PLLC
Ananda Yoga Therapy

Release and Liability Waiver

The following is a release and liability waiver. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

1. I understand that Integrated Movement Therapy[®] incorporates both cognitive and physical approaches, and that there is always an inherent risk when participating in physical activities. I agree to let the therapist(s) know of any physical limitations I might have, or any physical activities I do not wish to participate in. _____ (initial)

2. I hereby release my therapist, Danelle Cartun, DKC Yoga, PLLC, and all other sponsoring agencies from responsibility for any injuries I may sustain as a result of participation in this program. _____ (initial)

I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements and hereby authorize provider(s) at DKC Yoga, PLLC to render services to me.

Print Name (client): _____

Signature: _____ **Date:** _____

Parent/ Guardian Signature _____ **Date:** _____



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Physical Touch Agreement

Yoga therapy can involve physical touch, and touch is something you and your therapist discuss both before and while it is happening. Touch can calm the nervous system, help bring awareness and attention to a body part, relieve tension and feel supportive. Whenever touch is involved your therapist will check in with you; you are the one who decides whether we use touch or not. Your therapist will also ask if the touch feels ok (i.e. is this enough pressure or would you like more or less?). Touch is not involved in every session or with every person, and your therapist involves touch only if they think it would be an appropriate and helpful tool for you. Some people prefer not to be touched at all, and in those cases therapists do not incorporate touch. Some people find touch to be helpful as a tool for calming, grounding and becoming more aware and present.

I have read the above agreement and have fully understood its contents. By signing below, I am acknowledging that I have read and understood this Physical Touch Agreement, and that I understand that touch may be used in my IMT sessions, and that I can decide whether or not I want touch to be a part of my sessions, as well as whether or not I want touch involved in any particular part of a session.

Print Name (client): _____

Signature: _____ **Date:** _____

Parent/ Guardian Signature _____ **Date:** _____



DKC Yoga, PLLC
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Confidentiality Agreement

DKC Yoga, PLLC respects your privacy. All of your personal information and information about treatment received here will not be shared with anyone outside of DKC Yoga, PLLC unless otherwise authorized. We will receive a signed consent form from you before discussing your information with outside persons or agencies, with the exception of your insurance company. If you have billed your insurance and they contact us or there is non-payment, we may talk to them, only revealing information that is necessary to facilitate the claim. We also may need to break confidentiality if a client indicates they are in danger of serious harm or threatens serious harm to self or others.

There are special rules that apply to children ages 13 and older. In Washington State, 13 is the legal age of consent for mental health treatment. Although Integrated Movement Therapy[®] is not strictly mental health treatment, mental health treatment is definitely a major part of our approach, especially with teens. When issues arise that the therapist deems important for parents to know about, they will work with the teen either to talk to the parents him-or herself or allow the therapist to do so. We will always notify parents of any risk of serious harm. With children of all ages, the therapist will weigh the parent's need to know with the child's right to privacy when disclosing information from the therapy sessions.

Some clients choose to use email or texting as a way of communication. We want you to know that using these forms of communication may be putting you at risk of confidentiality breaches. We encourage any depth of information NOT be shared through these forms of communication and instead to be saved for our sessions together. Some clients prefer to use text messages and emails primarily for schedule changes. We can assure you that voicemails and what we say in person or over the phone is confidential (aside from reasons we would have to break confidentiality listed above), but we cannot guarantee this with other forms of communication.

I have read the above Confidentiality Agreement. I understand and accept its breadth and limitations.

Print Name (client): _____

Signature: _____ **Date:** _____

Parent/ Guardian Signature _____ **Date:** _____



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Fee Scale and Agreement

The following is a fee agreement. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:

1. I agree to pay all fees at the time of service, based on the following fee scale: _____ (initial)
 - \$125 fee for initial intake session
 - \$110 fee for 75min individual session
 - \$85 fee for 60 min individual session
 - \$85/hr fee for all additional consulting, including but not limited to, school visits, telephone consulting and I.E.P. review.
2. **Cancellation policy:** There will be no charge if appointments are cancelled 24 hours in advance. Cancellations within 24 hours of the scheduled time will be charged \$50.00. _____ (initial)
3. DKC Yoga, PLLC does not bill insurance companies in any circumstances. _____ (initial)
4. **If you plan to use our discounted prepay option: DKC Yoga, PLLC do not offer any refunds.** Prepayments that cannot be used due to mitigating circumstances will be: 1. Put on hold and valid at a later date, 2. Transferred to another service offered with DKC Yoga, PLLC, including yoga, consulting, private session, etc. _____ (initial)

I have read the above agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

Please keep a copy for your records.

Print Name (client): _____

Signature: _____ **Date:** _____

Parent/ Guardian Signature _____ **Date:** _____