

Client Rights and Responsibilities

What to expect

As a comprehensive professional Yoga Therapist, I work collaboratively with you, through the vehicle of Yoga. My approach is holistic, focusing on you as a unique, complex and dynamic being---body, mind and spirit. I serve as a facilitator in your process of self-understanding, healing and enlightenment. I do not medically diagnose or prescribe treatment. However, I will work with your other health care providers to ensure the best possible coordination of services.

In a Yoga Therapy session we may explore various aspects of your life experiences and well-being, such as your health history, diet, lifestyle choices, belief systems and attitudes, work life and relationships, exercise and stressors. We will use a combination of written assessments, dialogue, breath work, yoga postures, meditation and creative exercises, tailored to your unique needs, to facilitate your exploration and greater self-understanding.

You have the right to be treated with dignity and respect at all times. Your sharing is always kept confidential. Exceptions may include situations of imminent danger to yourself or others, and/or legal compliance. I may anonymously discuss student/client details with my professional supervisors, mentors and peers for the purpose of continuing my professional development and to best serve your well-being.

Client Responsibilities

Please arrive promptly for your scheduled appointments and notify me as soon as possible **AND at least 48 hours in advance** at 717.968.1496, if you are unable to keep your appointment.

I ask for full payment for the session if you cancel less than 24 hours in advance or fail to show up for your scheduled time.

Recognize that the process of well-being requires personal responsibility, commitment and daily awareness. Creating a discipline around your yoga practice, breath work, meditation and curiosity will entrain the process. Do your homework.

Please pay, in full, at the time of service, unless previous arrangements have been agreed upon.

No refunds.

Client Name (printed) _____

Client Signature _____

Date _____

Parent Signature (if under 18) _____

Date _____