

Yoga Services Informed Consent and Waiver

Welcome to Yoga services at Wright Wellness with Beth Bolton! This informed consent and waiver document contains important information about yoga services and related business policies. Please read it carefully and let us know if you have any questions. We want you to have the best understanding you can of these services at Wright Wellness.

Yoga Services

Yoga is a physical and mental practice that includes breath control, meditation concepts, and various bodily postures or poses. There are many benefits to practicing yoga, including reducing anxiety and depression, improving heart health, reducing inflammation, pain, and migraines, improving breathing and lung function, promoting sleep quality, improving strength, flexibility and balance, and overall improvement in quality of life.

About Beth Bolton

Beth Bolton is a Licensed Professional Counselor and Registered Yoga Teacher, and provides both counseling and private and small group yoga services at Wright Wellness. Beth has helped people process their traumas, understand their anxiety, and manage their depression. She also has experience helping others with relationship issues, parenting concerns, and self-esteem/body image difficulties. She enjoys combining yoga principles in her therapeutic approaches, such as deep breathing or meditation.

Beth uses a trauma informed/sensitive approach in her yoga practice, making sure her students feel comfortable and safe in the environment. She tailors her goals for each specific student, which can range from stress relief, to feeling better in their body, to learning how to invite movement into their routine that is healthy and balanced. She uses mindfulness and meditation to help her students relax and gain a deeper understanding of themselves. She incorporates breath work to help her students learn coping skills they can take into their daily life. Yoga can be healing for depression, anxiety, trauma, and so much more.

Cancellation Policy and Contact

Once a yoga session is scheduled, you will be expected to pay for it unless you provide 24 hours notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will work with you to find another time to reschedule the session. We understand that unplanned

circumstances can prevent you from making your session, however we ask that you communicate with us in a timely manner so that we can offer that time to someone else in need.

Beth is often not immediately available by telephone or email, and is not always in the office. She does her best to return her own calls, but will not answer the phone when she is with a client/student. If she is unavailable, you also have the option to leave a voice mail for our office assistant or send an email. We will make every effort to return your message as soon as possible, usually within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available. If you are unable to reach Beth and it is an emergency or crisis, call 911 or go to the nearest emergency room to receive immediate care. If there is an emergency, and she becomes concerned about yours or someone else's safety, she may need to call your emergency contact, or a close relative or friend.

Confidentiality and Professional Records

In general, the privacy of all communications between Beth and a yoga student will remain confidential. *However, there are a few exceptions:*

There are some situations in which she is legally obligated to take action to protect others from harm, even if she has to reveal some information about a student's treatment. For example, if she believes that a child, elderly person, or disabled person is being abused or neglected, she must file a report with the appropriate state agency. If she believes that a student is threatening serious bodily harm to another, she may feel compelled to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the student. If the student threatens to harm himself/herself, she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations rarely occur. If a similar situation occurs, she will make every effort to fully discuss it with you before taking any action.

It is also important to note the limitations of confidentiality when communicating through email. Although we are open to communication through email and will do our best to maintain your confidentiality, there is always a risk due to viruses, hackers, etc. Therefore, if you choose to communicate with us through email, you accept and assume all associated risks.

We will keep records of your services at Wright Wellness, but these records will

remain confidential.

Please remember if you miss a scheduled session and do not call the office to reschedule within 30 days, we will take that as your notice that you have decided to stop yoga services with Beth. In the event of your yoga teacher's death or disability, you authorize Wright Wellness to take appropriate steps to find a suitable custodian of your records.

Professional Fees and Billing

Payment for services is an important part of your work with Beth. She provides yoga services on a fee-for-service basis, including both private yoga sessions as well as small group sessions. Payment is expected at the time of session, although payment plans are also available if needed. We accept cash, check, or credit card and request that you keep a credit card on file with us for billing purposes (required for payment plans).

Unfortunately, insurance plans do not currently cover yoga services so only private pay is available at this time. We will be sure to update this information if billing insurance for yoga services is an option in the future.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. We prefer to avoid this option and ask our clients to work with us to settle any balances.

Minors

If you are under eighteen years of age, please be aware that the law gives your parents the right to examine your records. We may request an agreement from parents that they agree to give up access to your records. If they agree, we may provide them only with general information about our work together, unless we feel there is a risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We may also provide them with a summary of your treatment. Before giving any information, we will do our best to discuss the matter with you, if possible, and do our best to handle any concerns you may have.

Student Information

Name: _____ Age _____ Date of Birth: ____/____/____

Phone Number: _____ Email Address: _____

Home Address: _____

Emergency Contact: *If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call? By listing someone below, you give permission for them to be contacted in the case of an emergency:*

Name: _____ Phone Number: _____

Relationship: _____

Are there any physical limitations that may require modification in your yoga practice?

Are you currently taking any medications (prescribed or OTC) and are you experiencing any side effects from these?

Please check any of these conditions you may have experienced in the past or are experiencing currently:

Migraines/Headaches

Surgery

Stroke

Depression

Scoliosis

Seizures

Anxiety

Pregnancy

Back Problems

High Blood Pressure

Heart Condition

Insomnia

Arthritis

Blood Clots

Muscle Strain

Chronic Pain

Trauma

Diabetes

Cancer

Other: _____

Other: _____

Yoga Services Release/Waiver

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. I acknowledge that yoga practice is an exploration of a person's physical and mental potential, and that my participation in yoga class or private session may cause serious injury or physical impairment. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and seek support from my teacher. Yoga is not a substitute for counseling, medical attention, examination, diagnosis, or treatment.

With a full understanding of the potential risks, I hereby assume the risks of participating in a yoga session. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably waive, release and discharge any claims and/or liabilities for death or personal injury or damages of any kind that I have now or hereafter may have against Beth Bolton. I agree to not sue any of the persons or entities listed for any of the claims or liabilities that I have waived, released or discharged herein.

Please read the following and sign below:

- I acknowledge that I have received, have read (or have had read to me), and understand the information about the yoga services I am considering. I have had all my questions answered fully, and agree to abide by the terms outlined above.
- I affirm that I have answered all questions pertaining to my medical conditions truthfully.
- While yoga has medical and mental health benefits, I understand that practicing yoga is not a substitute for a medical examination or prescribed medications. I understand that practicing yoga is not a substitute for mental health professional treatment such as therapy, medications, or a diagnosis.
- I understand that practicing yoga at Wright Wellness PLLC is not a form of psychotherapy and that Beth Bolton is acting as a yoga teacher, not as a mental health therapist during yoga sessions, and that I can stop services at anytime.

Name of Student: _____

Signature of Student: _____ Date: _____

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