

Sarah Lax, CPM, LDM, CHN
Licensed and Certified Professional Midwife
Holistic Nutritionist, Holistic Pelvic Care™ Practitioner, Certified TRE® Provider

PATIENT PRIVACY AND CONSENT

General

Beginnings' policy is to ensure each client receives individualized care and guidance based upon his/her health history and current symptom pattern. Although Beginnings Whole Body Nourishment services are open to the community and Sarah strives to assist all who seek a holistic method of health care, she maintains the right to deny service for any reason.

As an instructor, Sarah may occasionally have students request to observe a session. Students remain unobtrusive and observant during the client sessions. Please initial here if you would rather *never* have a student observe. _____

Privacy Practices and Release of Information

I understand that my provider will use and may disclose my private health information, which may include written records regarding health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, and additional health-related information, in the course of providing care to me or in the event of consultation with other third parties including health care providers. If I request submission of my medical records to any third party (e.g. insurance companies, other providers, etc), I understand that I will need to provide a signed release prior to my records being transmitted. I have received the right to receive written Notice of Privacy Practices should I request it.

Payment Information

Payment is due at the time of service and fees are listed on the website at beginningspdx.com. Due to the nature of this work, patients can anticipate a limited number of sessions, and therefore the practitioner asks that you be respectful of the time set aside for your session by calling at least 24 hours in advance to cancel. No shows will be billed at 50% of the session rate, due prior to scheduling your next appointment.

Consent to Care

By signing below, I consent to evaluation and support, and agree to take all recommendations as suggested steps to prevent imbalance and promote well-being. I have been given the opportunity to ask questions regarding the services offered by Sarah Lax, and my questions have been answered to my satisfaction. I understand that the recommendations offered by my provider are not to be interpreted as replacement for allopathic treatment and will seek medical treatment when and if necessary. I certify that I have read, fully understand and agree to the terms of this consent document.

Patient signature _____ Date _____

If the patient is a minor: I, _____ as the __ parent or __ guardian, authorize Sarah Lax, CPM, LDM, CHN, HPC provider to evaluate and manage the care of this patient.