

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

PATIENT PRIVACY AND CONSENT

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.

Pelvic Floor Release

If you are receiving a pelvic floor evaluation, this assessment includes and internal vaginal exam to assess pelvic musculature, and may additionally include a rectal exam depending on the nature of findings. Subsequent visits for assessment and support of findings may include internal vaginal muscle and fascia release, instruction in pelvic muscle and breathing exercises, rectal assessment and other techniques as needed. I understand that these techniques are clinical in nature and consent to the services, to be provided by the HPC Practitioner. I understand that I may experience a range of effects as a result of treatment, which may include several benefits, but could also include the physical side effects of soreness or bleeding. I agree that if at any time I experience symptoms that concern me, I will call my HPC practitioner as soon as possible. Due to the nature of pelvic floor work, I may also experience a range of emotional effects after the treatment, and I understand that the HPC Practitioner has counseling resources available if I desire a referral. I understand that there is no guarantee of outcome for these treatments.

Payment Information

Payment is due at the time of service. Rates are \$85 for initial visit and \$65 for follow up visit. I understand that my HPC practitioner does not bill insurance. 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.

By signing below, I consent to evaluation and support of my condition by Sarah Lax. I understand the nature of the procedures, have been given the opportunity to ask questions, and my questions have been answered to my satisfaction. 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.