

LORAN NICASTRO BS, BCTMB, LMBT

MANUAL THERAPIES

AGREEMENT AND ACCEPTANCE OF PRACTICE POLICIES

Welcome to my practice! It is my intention to provide a professional, ethical, safe and comfortable environment. I will support everyone's goals and expectations to the best of my ability within the scope of my practice as a licensed bodywork therapist. Bear in mind that this therapeutic endeavor will require a commitment from all of us. I look forward to working with you!

CONFIDENTIALITY

All personal information will be kept confidential and secure unless a written information release form is approved and signed by you, the parent/guardian. Certain legal parameters on confidentiality do exist, and therefore in certain situations, a release from you is not necessary. Those particular situations include:

~If there is convincing evidence that you and/or your child/dependent are involved in immediate danger, whether a danger to yourselves or to others; legal action may be taken to protect you and/or your child/dependent, and also to protect others

~If you and/or your child/dependent are involved in a medical emergency

~If there are incidents of child or elder abuse, whether physical, sexual, verbal or neglect; these occurrences must be reported to the appropriate agencies

~If there is a subpoena by a court of law ordering a release of information

SCHEDULING

All sessions are scheduled by appointment only. In the case of a late arrival, I will do my best to honor the entire length of the session, however, that cannot be guaranteed. A 24-hour notice is required for any cancellation and/or rescheduling of an appointment, otherwise you will be responsible for one-half of the session fee. Also, if you fail to show up for your scheduled appointment without notifying me, then you will be responsible for the full amount of the session fee. Certain exceptions do apply and include sudden illnesses, accidents and emergencies. Failure to comply with the scheduling policies will jeopardize future appointments and furthermore, all upcoming scheduled appointments will automatically be canceled.

FEES

All fees are expected to be paid in full at the completion of each session. Gratuities are optional and are accepted. Current forms of payment include cash and personal checks (*business checks will not be accepted). For every returned check, you will incur a \$35 fee. Failure to comply with the fees policies will jeopardize future appointments and furthermore, all upcoming scheduled appointments will automatically be canceled. *Keep in mind that I do not accept insurance of any kind nor do I participate in any activities of insurance companies.*

OTHER

If you try to contact me and I am unavailable, I will get back to you by the next business day (Monday through Friday). In addition, if you try to contact me while I am on vacation, I will get back to you when my vacation ends and I have returned to my office.

If you and/or your child/dependent are feeling ill prior to our scheduled appointment, please contact me to discuss the situation and to reschedule if need be.

During the treatment sessions I ask that all cell phones be turned off so they won't become a distraction, unless there is an unusual and important circumstance.

Since you, the parent/guardian, are responsible for the treatment of a minor, you are required to accompany him/her and be present in the treatment room throughout the entire session.

Gift certificates are available for purchase. A gift certificate may be transferred and must be redeemed by the expiration date that is recorded on the gift certificate. A gift certificate redemption by any person will only be accepted at face value. Gift certificates are not refundable and can only be applied towards a treatment session.

Referrals are the ultimate compliments and are always greatly appreciated. For every 5 people that one person refers to me, I will credit that person with a gift certificate for a 60-minute treatment session (gift certificate policies apply). All 5 people must complete their initial sessions, including full payments. Be sure that the appropriate name is mentioned when the people make their appointments so that they can be properly documented.

THERAPEUTIC BOUNDARIES AND TRANSFERENCE/COUNTER-TRANSFERENCE

Therapeutic boundaries are defined as: limits between acceptable and unacceptable behavior. Several types of therapeutic boundaries exist and include: physical, emotional, professional and social. All parties involved (parent/guardian, child/dependent, and the therapist) must respect and uphold all therapeutic boundaries. Otherwise, the healthy therapeutic relationship will be compromised and thus will be difficult to sustain.

Transference is defined as: a situation in which a client (parent/guardian and/or child/dependent) projects (transfers) any type of personal feeling, unresolved personal issue, or inappropriate need onto the therapist.

Counter-transference is defined as: a situation in which a therapist projects (transfers) any type of personal feeling, unresolved personal issue, or inappropriate need onto the client (parent/guardian and/or child/dependent).

Both of these situations cross the emotional and professional boundaries and must be avoided. Otherwise, the therapeutic relationship will most certainly have to be terminated.

Also bear in mind that sexual relations between the client (parent/guardian and/or child/dependent) and the therapist are prohibited.

YOUR RIGHTS AS THE CLIENT (Parent/Guardian and Child/Dependent)

You have the right to expect a professional, ethical, safe and comfortable treatment session.

As the parent/guardian, you have the right to informed consent for treatment for the minor that you are responsible for.

You have the right to ask me about my education, training, experience or philosophy at any time.

You have the right to discontinue an individual session at any time and for any reason, however, all fees are still expected to be paid in full. You have the right to conclude our professional relationship at any time and for any reason. Concerning the discontinuation of an individual session or the conclusion of our professional relationship, both the fees and the scheduling policies will remain in effect.

MY RIGHTS AS THE THERAPIST

At my discretion as a licensed bodywork therapist, I reserve the right to:
deny treatment to anyone at any time and for any reason;
discontinue an individual session at any time and for any reason;
conclude a professional relationship at any time and for any reason.

***BOTH THE CLIENT (PARENT/GUARDIAN) AND THE THERAPIST MUST AGREE TO AND ACCEPT ALL OF THE ABOVE MENTIONED PRACTICE POLICIES AND THEREFORE MUST SIGN AND DATE BELOW. OTHERWISE, THE MANUAL THERAPY SESSIONS CANNOT COMMENCE.**

Client's (Parent/Guardian's) Printed Name: _____

Client's (Parent/Guardian's) Signature: _____ Date: _____

Therapist's Printed Name: _____

Therapist's Signature: _____ Date: _____