

**CranioSacral Therapy
Joyce Bryan, CMT, CST-T**

Adult Informed Consent Form

I understand that Joyce Bryan is certified by the State of California as a Massage Therapist, and is permitted to perform all the services contained within the scope of practice of the California State Massage Therapy Certification.

I understand that Joyce Bryan received her training in CranioSacral Therapy from the Upledger Institute, and that she will use CranioSacral Therapy to help reduce my stress, enhance the quality of my life, and heal myself. I understand that I have the ability to heal myself, and that I might experience some discomfort as emotional issues arise while my body is healing itself.

I understand that I am responsible for my own decisions regarding my own health, nutrition, and wellness. I also understand that neither CranioSacral nor Massage Therapy is a substitute for adequate medical care, and I intend to remain under the care of my primary healthcare provider.

I understand that if I have, or if I think have, a medical concern, a psychological or emotional concern, condition, disease, disorder, or symptoms, Joyce Bryan will only help me reduce any related stress, and if requested, will refer me to a licensed counselor or medical physician for further assistance. I accept responsibility for consulting a qualified primary care provider for any physical ailment that I may have.

I further understand that a craniosacral/massage practitioner is not a medical professional and neither diagnoses nor prescribes for illness, disease, or any other medical, physical, or emotional disorder, nor performs any thrusting joint or spinal manipulations or adjustments.

Policies and Procedures:

I understand that Joyce Bryan charges an hourly fee, due at the time services are rendered, and I understand that she will not accept responsibility for my decisions regarding my health, nutrition, wellness, and any interventions I decide to try.

I agree to use the services of Joyce Bryan to help me reduce my stress, enhance my quality of life, and heal myself using the natural healing techniques and modalities herein listed.

I agree to give twenty-four (24) hours notice to cancel any bodywork session to avoid being charged.

I acknowledge I have read and understand this form.

Client: _____

Address: _____

Phone: _____ **Email:** _____

Client/Guardian Signature: _____ **Date:** _____