



Client Consent Form

Notice of Privacy Practices (HIPAA Acknowledgement/Consent)

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for Santosha Wellness, LLC. In addition, I hereby consent to the disclosure of my child's personal health information for the purposes of treatment, payment, and health care operations only, unless I provide written consent.

Signature: _____ Date: _____

I am aware of my child's needs and agree to allow my child to receive treatment with Santosha Wellness, LLC. I permit Santosha Wellness to treat my child in ways they judge are beneficial to my child. I understand that this care can include an evaluation, testing, and treatment. No guarantees have been made to me about the outcome of this care.

Signature: _____ Date: _____

I acknowledge that all information I have provided about my child is accurate and true.

Signature: _____ Date: _____

Payment Guarantee

I agree to pay Santosha Wellness, LLC for the services provided to my child. I acknowledge responsibility for any and all account balances. Payment will be accepted through our online payment processing or in cash. Payment must be received for service provided prior to any further sessions.

Signature: _____ Date: _____

Closure, Cancellation, and No-Show Policy

If inclement weather or other unanticipated event warrants the closure of Santosha Wellness, LLC, you will be notified via phone, text, and/or email if you were scheduled for services that date. If you need to cancel a scheduled appointment, we ask that you notify us as soon as possible (48-hour notice preferred). If there are more than 2 late cancellations (less than 24 hour notice), we will reach out to you to discuss the schedule with you.

Signature: _____ Date: _____

Waiver Form

I, _____, the parent/guardian of _____ (thereafter referred to as "my child") give permission for my child to participate in Santosha Wellness, LLC programs and Services.

I hereby release Santosha Wellness, LLC principal owners, therapists, employees, and representatives and all other individuals or organizations acting on behalf of Santosha Wellness, LLC from any and all claims which I or my child may have, resulting from or in connection with my child's participation in Santosha Wellness, LLC programs. This includes, but without limitation, any claim, demands or causes of action for injuries to my child, including but not limited to injuries resulting from the use of play/therapy equipment during the program at Santosha Wellness, LLC or sponsored by Santosha Wellness, LLC in the community.

I understand that I should be present at all times during delivery or service to my child. If I choose not to, I understand that the aforementioned statements still apply in my presence or absence during the services provided. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying Santosha Wellness, LLC in connection with their programs from all liability as herein described.

Signature: _____ Date: _____
Parent/Guardian