

Embodied Brilliance

Dr. Jessica Rose, D.C.

Heart Centered Alignment
Neuro Emotional Technique
Gentle, Holistic Chiropractic

324 West Bay Drive, Suite. 101
Olympia, WA 98502
(360) 789-3134

Consent for Care & Client Responsibilities

Congratulations on your choice to begin care. It is an honor to serve you and I am committed to providing outstanding service to you and everyone who is part of this practice. The purpose of this consent form is to help you understand the nature of services you will receive and the mutual responsibilities of being a client of Dr. Jessica Rose.

General Office Hours:

Tuesday: 12:30 pm – 6:15 pm
Wednesday: 12:30 pm – 6:15 pm
Thursdays: 12 pm – 6 pm

Financial Exchange:

Individual hour-long sessions: \$135
Initial visit (1½ hrs.): \$225

This is a cash-based practice. Payment is expected as cash or check at time of service. If supportive and requested, I will gladly provide you with a receipt/super bill that you can submit to your insurance company for potential reimbursement.

Exchange for missed appointment or cancellations without 24-hour notice

To honor our time commitment and the potency of our sessions together, the fee for missed or cancelled appointments without 24 hours notice is \$75.

I agree to pay the established fees for my appointments and a \$75 fee for any missed
(initial) appointments or cancellations without 24 hour notice.

Session Descriptions & The Nature of Care:

Chiropractic care in the state of Washington focuses on the removal of vertebral subluxation complex, a form of nervous system interference, to restore and maintain health and well-being and allow for a free flow of innate (inner) intelligence and its recuperative powers through the body.

Sessions are tailored to support individuals on their journey of embodiment, evolution and awakening. The chiropractic components of the session may include: Neuro Emotional Technique (NET), Network Spinal Analysis (NSA), Applied Kinesiology, Activator, Arthrostim, NeuroModulation Technique (NMT), nutritional advice and wellness education. In session, Dr. Rose may also utilize non-chiropractic healing modalities including but not limited to: Psych-K, mindfulness practices, emotional and belief re-patterning, flower essence sprays, sound healing and somatic presencing. Sessions may be seated, on the table, or remote.

As part of your session, Dr. Rose may utilize gentle spinal contacts or have your contact specific areas, combined with different respiratory patterns to support increased brain/body communication, spinal re-organization and neuromuscular re-education. This may elicit increased somatic (body) awareness, more effective stress responses and postural changes.

It is common for people receiving care in this practice to experience: increased life energy, a wider range of motion and emotion, increased adaptability to stress, new effective healing and life strategies, enhanced body/postural awareness, well-being, deeper breathing, self-empowerment, clear body-mind communication and the cultivation of self-compassion and self-love. This care can lead to fundamental changes of life style and your perception of your world.

As with any health care procedures, the body can have different responses to care. Please notify Dr. Rose, if you have concerns regarding any unexpected or adverse reactions, often called a *healing-crisis*, in response to your session. Dr. Rose will gladly work to support you through this response or refer you to a practitioner who can.

____ I understand that I am an active participant in this care and it is my responsibility to consider
(initial) the advice and recommendations given to me and to educate myself on efficacy, risks and appropriateness for my body.

Privacy Practices

Healthcare records kept by this office will be protected, kept private and only released upon your written request. Your signature below confirms that you have received (or denied) a copy of our Notice of Privacy Practices as required by law.

In this office clients often see multiple practitioners; when we collaborate around care, it is mutually beneficial to clients and practitioners. By signing this form, you also agree to allow your practitioners to dialogue. If there are restrictions on this collaboration that you wish, please indicate below. Thank you.

I wish to have the following restrictions to the use or disclosure of my health information:

I hereby request and consent to receive care with Dr. Jessica Rose, D.C., and enter into this agreement of my own free will or on behalf of my dependent without any pressure or promise of cure. I understand that the care in this office is different from what many clients may expect from chiropractors practicing manipulative therapy. You are free to withdraw your consent and discontinue care at any time. I understand that care in this office is not a replacement for the diagnosis or treatment of any symptom, disease or condition. I have read and understand this document, and my questions have been answered to my satisfaction.

Name: _____

Signature: _____ Date: _____

**Life is but the expression of spirit through matter.
To make life manifest requires the union of spirit and body.**
D.D. Palmer, Chiropractic Founder

