

Spirit of Healing Client Notification Form

Please read the following prior to contracting for services:

Name of Practitioner: Alison K. Hazelbaker, PhD, IBCLC, CST, BCST
Doctor, Psychology specializing in Energetic and Transformational healing
International Board Certified Lactation Consultant (IBCLC)
Certified Craniosacral Therapist (CST)
Registered Biodynamic Craniosacral Therapist (BCST)
Lymphatic Drainage Therapy practitioner
Somenos Process Developer and Practitioner

Business Address: 5115 Olentangy River Road
Columbus, OH 43235

Telephone number: (614) 326-3504

The following is a brief description of my education, training, experience, and credentials:

I have earned a doctorate in Psychology with a specialization in Energetic and Transformational Healing. I have extensive experience working with emotional issues and have trained in all my educational programs to effectively address emotional concerns when they arise. I am not a psychotherapist, psychiatrist, or psychologist and do not address emotional issues from this perspective, nor do I diagnose or treat psychological problems. I offer Somenos Process Work, energy psychology, and personal process work under this title.

I have a Master's Degree in Human Development specializing in Lactation Consulting.

I am an International Board Certified Lactation Consultant (IBCLC) and have been in private practice for over 25 years. I am certified to administer the Neonatal Oral Motor Assessment Scale and have been doing so since 1995. I am trained to identify and treat infant sucking problems.

I am a certified Craniosacral Therapist (CST) and a Registered Craniosacral Therapist (RCST). I received my earliest training from the Upledger Institute and subsequent and advanced training in the Biodynamic Model from the Craniosacral Therapy Association of North America. I am also cross trained in the Sacred Spaces Craniosacral work. I have been a practicing craniosacral therapist since 1995. Although I have extensive experience working with infants and children, I have a general practice working with people of all ages.

I have training in Lymphatic Drainage therapy and have been a practitioner since 1999.

Note: The State of Ohio has not adopted any educational or training standards for persons who provide information or perform craniosacral therapy or lymphatic drainage therapy to clients. This statement of credentials is for informational purposes only. Under Ohio law craniosacral therapists are not allowed to provide a diagnosis or to recommend discontinuance of medically prescribed treatment. If you desire a diagnosis from a licensed healthcare practitioner, you may seek those services at any time.

International Board Certified Lactation Consultants are recognized as autonomous practitioners in all states. It is within my scope of practice to make lactation diagnoses, lactation prescriptions and to perform lactation therapy.

I have read and understand the Therapy and Credentials section. : _____ (Please initial here)

FINANCIAL POLICY SECTION

Fees

My fees are \$110 per hour for lactation services (weight checks and follow-up phone calls are free for the first 15 minutes and are billed by the quarter hour for time spent after the initial 15 minutes) and \$110 for craniosacral, lymphatic, and Energetic and Bodymind treatments. I bill by the quarter hour. Payment is due in full at the time of service unless an alternative payment arrangement has been made. I accept cash, checks, Visa, MasterCard, and Discover. I also accept Health Savings Account cards for payment. If fees are not paid in full, I reserve the right to charge interest in the amount of 18% annually for the fees not paid.

Credit card number: _____
Expiration: _____ CVV: _____ Billing zip code: _____

I, _____, authorize Spirit of Healing, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Insurance

I do not directly bill insurance companies nor do I accept assignments from insurance companies. I am happy to provide you with insurance documents for you to submit for reimbursement. At this time reimbursement for my lactation services from most medical insurance companies has been at 80% of the total bill, however, I do not guarantee such reimbursement. Please ask for more information about this if you want to know if your insurance company covers my lactation services.

Insurance companies may reimburse for Craniosacral Therapy or Lymphatic Drainage Therapy. I DO NOT GUARANTEE SUCH REIMBURSEMENT. I will provide you with a CPT coded bill should you need to file a claim. However, you will still need to obtain a diagnosis code from your medical provider.

Usual and Customary Fees

I am committed to providing exemplary service for which I charge fees that are usual and customary for this area. You are responsible for payment regardless of any person or party's arbitrary determination of what constitutes usual and customary fees.

Cancellation and Tardiness Policy

Appointment charges are not prorated should you be late for a session; THE FULL HOUR CHARGES WILL APPLY.

I REQUIRE 24 HOURS NOTICE FOR ANY APPOINTMENT RESCHEDULING OR CANCELLATION. If you fail to show up for an appointment or make changes with less than 24 hours notice, you will be charged for the appointment. Any individual who fails to show or cancels appointments less than 24 hours in advance three times will be referred to another practitioner. We have a wait list of clients who are given priority access to cancelled appointments. Our staff manages rescheduling. Patients may not exchange or switch appointments with other patients independent of our office.

Returned Checks

Any check that is returned for any reason will be assessed a fee that is equal to but not more than the fee assessed by my bank. A replacement check will not be acceptable restitution. An alternative form of payment of cash, cashier's check, Visa, MasterCard or Discover will be required.

I have read and understand the Financial Policy section: _____ (Please initial here)

RIGHTS SECTION

Practitioner rights:

1. I have the right to accurate health history information from you. Optimal treatment follows on the heels of thorough and open communication about health concerns.
2. I have the right to hear about any concerns you may have with the treatment process and our therapeutic relationship. I cannot appropriately address something I do not know is a concern for you.
3. I have the right to courteous treatment free of verbal, physical or sexual abuse.
4. I have a right to terminate any client if that client:
 - a. Would better be served by a different provider or modality.
 - b. Has been or is verbally abusive to me or any other member of my staff, or sexually harasses me or any member of my staff.
 - c. Continuously cancels appointments, is a no show for appointments, or fails to pay for appointments in a timely fashion or as previously agreed.

Your rights:

1. You have the right to file a complaint against me with my professional associations.
2. You have the right to be notified in writing of any changes in my fee schedule.
3. You have the right to receive complete and current information concerning the assessment and recommendations I make, including the expected duration of these services.
4. You may expect courteous treatment, free of verbal, physical, or sexual abuse.
5. Your records and transactions are confidential, unless you authorize their release in writing or as otherwise provided by the law.
6. You have the right to choose among available service providers and to change providers after my services have begun, within the limitations of any applicable health insurance medical assistance or other related programs.
7. You have the right to a coordinated transfer if you opt to change service providers.
8. You may refuse the services at any time except as otherwise provided by law.
9. You may assert your rights without any fear of retaliation.

I have read and understand the Rights section: _____ (Please initial here)

PHILOSOPHY SECTION

The following is a description of my philosophy, and what you can expect from me:

Lactation services: My role as a lactation consultant is to support your breastfeeding goals, no matter what they may be, in such a way as to promote optimal mental and physical health. I utilize my extensive training in all modalities to nurture this process. There is much misinformation about breastfeeding management provided by many well meaning but ill informed health care practitioners. Part of my role is to help you identify appropriate management strategies and provide you with up-to-date evidence based and theory-based breastfeeding information. It is also my role and my pleasure to

serve you and your family throughout the lactation lifecycle, helping you to achieve your breastfeeding goals for as long as you choose to breastfeed.

Any lactation therapy that I initiate when working with you will utilize the least amount of intervention for the shortest period of time. It is my job to ensure that your breastfeeding situation be normalized and become enjoyable and productive as soon as possible. However you will remain in the “driver’s seat”. I will provide you with information about any and all interventions I plan to initiate but will not proceed without your Informed Consent.

Craniosacral, Lymphatic Drainage and Energetic Therapy and Somenos Process work: Health lies within us all, waiting to be mobilized. My role as a therapist is to support and nurture the body’s inherent health utilizing the skills I have learned in my training. These skills can release soft tissue restrictions, optimize the flow of cerebrospinal fluid, blood and lymph, optimize nerve function, increase body awareness, increase relaxation, support the release of emotions generated by ill health, and decrease the symptoms of stress. You can expect me to use my skills and training to the best of my ability to support your goals of health and well being.

I have read and understood the Philosophy section: _____ (Please initial here)

PRIVACY NOTICE

All uses, disclosures of, or requests for protected health information (PHI) will be limited to the minimum amount necessary to accomplish the stated purpose. Professional judgment will determine the amount of information to be released. The minimum necessary standard is not intended to impede the provision of quality health care.

Disclosures of PHI between providers for treatment, payment and health care operations, or pursuant to an authorization without complying with this requirement are exempt from the minimum necessary rule. Occasionally, providers share details about certain cases for the purpose of educating a student, apprentice, intern, or colleague, or getting input on an aspect of a case for which they require assistance. This sharing of case details preserves anonymity, while demonstrating the utmost respect for the client and their family. *AT NO TIME ARE ANY DETAILS OF A CLIENT-THERAPIST RELATIONSHIP SHARED FOR THE PURPOSE OF BELITTLING OR GOSSIPING ABOUT THAT CLIENT OR THEIR FAMILY. AT NO TIME SHOULD YOU SHARE ANY DETAILS OF THE CLIENT-THERAPIST RELATIONSHIP FOR THE PURPOSES OF BELITTLING OR GOSSIPING ABOUT YOUR THERAPIST. IF YOU HAVE CONCERNS ABOUT YOUR THERAPIST OR YOUR TREATMENT PLEASE DISCUSS WITH YOUR THERAPIST DIRECTLY OR OUR OFFICE MANAGER SO YOUR CONCERNS MAY BE ADDRESSED.* Please ask me about this if you have questions or concerns.

We occasionally take photographs during lactation therapy sessions for educational purposes. We protect the anonymity of our subjects. If you do not give our office permission to take photographs for the purpose described above, our staff will provide you with an opt-out form to complete and sign.

I have read completely the Client Notification Form and understand my rights, the qualifications of the person providing services, and what I should expect from the provider. I also understand and agree to the financial and cancellation policy.

Signature of Client

Date