



RYLEN FEENEY, BA, LMT (#14733)

Diplomate Chinese Herbs & Asian Bodywork Therapy
Certified Amma Therapist
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Certified Instructor (AOBTA)

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Dear Client:

Holistic Health is an approach that emphasizes seeing the individual as a whole and is characterized by the complete integration of body, mind, and spirit. Body, mind and spirit are seen as inseparable concepts. Some of the information requested may not appear to be related to your particular problem(s), however, experience has proven that providing accurate and comprehensive information is to your advantage, leading to insights that otherwise may be overlooked.

I respect client confidentiality; names and records are never shared outside of the office without your expressed consent. My policy is to ensure each client receives individualized care based upon his/her pattern diagnosis and to uphold the highest professional standards in the industry. Although my practice is open to the community and I strive to assist all who seek a holistic method of health care, *I maintain the right to deny service for any reason.*

As an instructor, I occasionally have students request to observe treatments. Students remain unobtrusive during the treatments. Please initial here if you would rather **never** have a student observe. _____

Please note; you will always be notified prior to an observation & given the option to decline.

CANCELLATION POLICY: I keep a very tight schedule and ask for 24-hour notice of cancellation. If for any reason, you need to cancel with less than 24 hours and I can get you rescheduled within 7 days, I am happy to do so at no charge. However, if I am booked or our schedules do not match up within a week's timeframe you will be charged a \$50.00 late cancellation fee. If you do not call and no show for an appointment you will be charged the entire appointment fee.

I deeply appreciate your patronage and wish you health and happiness.

By signing below, you understand the above and agree to take all recommendations as suggested steps to prevent imbalance and disharmony and to promote well-being. You further understand that this therapy should not be interpreted as replacement for allopathic treatment and will seek conventional medical treatment when and if necessary. Finally, you understand and accept the above policies.

Name

Signature

Date