



Statement of Understanding

Karen Bolt RN, BSN

1003 Lexington Drive, Roswell GA 30075

(770)843-3861

Please read the following information. If you have any questions or concerns I will be happy to address them

- ❖ Information discussed during our sessions will be kept confidential unless the following circumstances apply: 1) Clear or imminent danger to you or to others, 2) Suspected child or elder abuse and or 3) a court order.
- ❖ Your session is your personal reservation for that week. If you must cancel an appointment, please call me no later than 48 hours before your session so that we can reschedule your appointment to another time. Unless it is an emergency, you will be financially responsible for you scheduled session if it is not canceled within 48 hours.
- ❖ I check my messages several times a day and I am usually able to return calls within 24 hours. If I am out of the office there will be a message on my phone with the date of my return.
- ❖ My fees are as follows: \$200 for the first session with new clients and \$150 for all sessions after that. Fees are payable at the time of the appointment.
- ❖ I will make recommendations for supplementation which is in addition to the session fee.
- ❖ You are responsible for any information or coaching you receive in each session and how you utilize it. Karen Bolt is released from any responsibility or liability. If you are in therapy or on medication, please let your Health Care Professional know and get approval that Breathwork is acceptable for your well being.

Please sign this statement indicating that you understand and agree with these policies. A copy will be provided for your records.

Client Signature

Date

Karen Bolt

Date