

# *Therapy Team Agreement*

*Welcome to Integrative Body Therapy! We are glad that you have chosen to team up with us to help you meet your goals related to the concerns that you are seeking relief from. We believe that together we can make this happen and that it requires extensive effort on both our parts. Only you can improve from where you are right now by being an active participant in your program. We will help to facilitate the process and help you through it by using our hands, natural healing modalities and education tools.*

*Please read the following agreement and sign at the bottom to indicate you are willing to participate.*

**Scheduling:** It is important that everyone arrive and be ready for their scheduled appointment time. There is a \$30 charge for missing a scheduled appointment or for canceling less than 6 hours before the appointment time. We have voicemail when we are unable to come to pick up the phone. Appointments can be scheduled between 30 minutes and 2 hours, depending on the person's needs, personal schedule and financial status. It is important to have consistency with your appointments and keep them on a regular basis. Therefore, if 3 or more appointments are missed, then this demonstrates lack of focused responsibility and therapy may be placed on hold. Although you may primarily work with one therapist, there may be times when we recommend you to another therapist in this business or in another business to provide more specialty advice to optimize your healing experience.

**Home Program:** You will be given tools to use for self management and healing of your conditions. This may include educational materials to read, exercises or postures to use, and recommendations of equipment change or change in activity level. We will help you set reasonable measurable goals. When either the goals are met or we determine that therapy is no longer assisting in your progress then we will discharge you from therapy or we will refer you on to a more appropriate healthcare professional.

**Communication:** This is likely the most important component of this agreement. Help us help you by letting us know if something is not working for you. We also appreciate having feedback on what is working for you. If you are having any problems with your home program or if you have increase symptoms after a session then it is your responsibility to notify us so that we can modify your program or refer you to a more appropriate healthcare professional.

We want your experience with us to be one that is relaxing, refreshing, and rejuvenating. The highest compliment that you can ever give us is to recommend us to those you care about.

Ricardo Saldia, Rolfer/Biofeedback therapist/Wellness Coach  
Joy Saldia, MS, PT/Wellness & Nutritional Coach

Client \_\_\_\_\_ Therapist \_\_\_\_\_ Date \_\_\_\_\_