

## **Graceful Healing, LLC Terms and Conditions**

### **Consent for Treatment**

I consent to the rendering of complementary techniques, by Dr. Grace-Marie Butka, PT, DPT, CST, which may include Shamanic Energy Healing, CranioSacral Therapy, The Raindrop Technique And Reiki. These complementary techniques are also called alternative techniques and are most commonly rendered at wellness centers. Although Dr. Grace-Marie Butka, PT, DPT, CST is a licensed physical therapist I understand that the administration of these techniques is not physical therapy or associated with physical therapy treatment.

### **Payment for Services**

I understand that payment is due when services are rendered. No insurance is accepted, so payment must be in the form of cash, debit card or credit card.

### **No Show/Cancellation Policy**

I understand I owe Dr. Grace-Marie Butka a \$75.00 fee for each treatment session not canceled within 24 hours of a scheduled appointment time.

### **Corporate Legal Disclosure**

Graceful Healing, LLC does not provide medical diagnosis, nor do we treat mental health issues. We are not a licensed medical facility; and do not purport to have medical doctors on staff or practice medicine. We are not a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical condition or treatment. Never disregard professional medical advice or delay in seeking it if you have an untreated medical condition. We serve our clients through spiritual and holistic energy techniques and practices, without the use of any pharmaceutical remedy.

### **Hold Harmless for Technology Utilization**

I grant my permission to Graceful Healing LLC to upload and store confidential patient information - including account information, appointment information and clinical information - to the secured website . I understand that, for security purposes, the site requires a user ID and password for access and use. I also understand Graceful Healing LLC and myself are responsible for maintaining the strict confidentiality of any ID and password assigned to me; and that Graceful Healing LLC is not liable for any charges, damages, or losses that may be incurred or suffered as a result of my failure to maintain confidentiality.

I understand Graceful Healing LLC is not liable for any harm related to the theft of my ID and password, my disclosure of my ID and password, or my authorization to allow another person or entity to access and use the Graceful Healing LLC website with my ID and password. I also agree to immediately notify Graceful Healing LLC of any unauthorized use of my ID or of any other need to deactivate my ID due to security concerns. I also understand State and Federal laws, as well as ethical and licensure requirements impose obligations with respect to patient confidentiality that limit the ability to make use of certain services or to transmit certain information to third parties. I understand Graceful Healing LLC will represent and warrant that they will, at all times during the terms of this Agreement and thereafter, comply with all laws directly or indirectly applicable that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of my patient information, and use their best efforts to cause all persons or entities under their direction or control to comply with such laws. I agree that Graceful Healing LLC has the right to monitor, retrieve, store, upload and use my patient information in connection with the operation of such services, and is acting on my behalf in uploading my patient information. I understand Graceful Healing LLC will use reasonable efforts to maintain the confidentiality of all patient information that is uploaded to the website on my behalf.

I understand Graceful Healing LLC CANNOT AND DOES NOT ASSUME ANY RESPONSIBILITY FOR PATIENT INFORMATION OR OTHER INFORMATION TRANSMITTED, MONITORED, STORED, UPLOADED OR RECEIVED USING THE SITE OR THE SERVICES.

### **Privacy Statement**

As your alternative healthcare provider, your privacy is very important to me. I am committed to safeguarding your privacy and retaining your trust. Personal information that you disclose to me is strictly confidential.

Types of information collected and its handling:

- Subjective - provided by you
- Subjective - provided by your physician, with your consent and authorization.
- Objective - provided by your physician, with your consent and authorization.
- Objective - collected by me during our treatment sessions.
- Medical Records - from other healthcare practitioners, with you consent and authorization.

I use this information to organize and/or revise a plan of treatment and to provide the best healthcare possible within my scope of practice.

The information that is collected is kept in a healthcare chart dedicated solely to you, and is held securely on my premises, with restricted access to authorized employees only.

