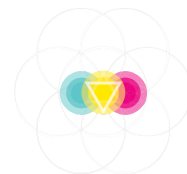


# Circular Wellness – Client Service Agreement



## 5. Consent and Understanding

- I understand the nature of the service being offered, including that it is a Rongoā Māori healing process.
- I acknowledge that I have had the opportunity to ask questions and that all my questions were answered to my satisfaction.
- I understand that I may withdraw or stop the session at any time.
- If the session is part of an ACC rehabilitation plan, I give permission for my practitioner to share relevant notes/reports with ACC, my referrer or relevant insurer as required.
- I understand that while every care is taken, healing is an active process with both practitioner and client engagement required; full recovery is not guaranteed.

## 6. Fees, Cancellation and Insurance/ACC

### 24-Hour Cancellation Policy

We kindly request a minimum of 24 hours' notice for any cancellation or rescheduling of your appointment.

This allows us to offer your time slot to another client and maintain the flow of our services.

- If you cancel or reschedule with less than 24 hours notice, you will incur a 50% cancellation fee. Or
- If you do not attend your scheduled appointment ("no-show"), you will be invoiced for the full session fee which you will have to pay, as ACC will not cover this.

### First-Time Grace Policy

We understand that life can be unpredictable. For first-time clients or first instances of short-notice cancellation or no-show, we offer a one-time grace waiver of the fee.

After this, the full fee of \$150.00 applies to any future 'no-shows' and 50% fee of \$75.00 for any late-cancelled appointments.

## 7. Privacy and Records

Your personal information and session notes will be held securely, in accordance with privacy laws and ACC requirements. With your consent, relevant information may be shared with ACC or your referral agent for the purpose of your rehabilitation.

## 8. Signature and Date

By signing below you agree to this service agreement and understand your rights and responsibilities.

Client full name: \_\_\_\_\_

Client (Kiritaki) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_