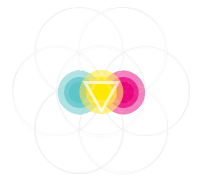


Circular Wellness – Client Service Agreement

Romiromi / Rongoā Māori Engagement



Client Name (Kiritaki): _____
Date of Birth: _____
Phone / Email: _____
Client Claim number: _____
Purchase order number: _____

1. Purpose of Agreement

You are engaging with Circular Wellness for the provision of Rongoā Māori healing services (specifically Romiromi) as part of your wellbeing and/or ACC rehabilitation plan. This agreement sets out what you can expect, your responsibilities and consent to proceed.

2. What to Expect in the Service

- The healing session is holistic, acknowledging your body (tinana), mind (hinengaro), spirit (wairua), whānau and connection to land (whenua).
- Each session begins with whitiwhiti kōrero (a meaningful kōrero/conversation) to understand the full picture, not just the symptom.
- The session may involve release (physical, emotional, energetic) and integration afterward. You may feel tired, emotional or physically tender.
- Aftercare is important: you will be asked to rest, hydrate, choose nourishing kai, and avoid immediate exposure to high stress or strenuous activity.
- This is not a spa-style massage or purely clinical therapy; rather a rongoā Māori approach addressing whole being.

3. Your Responsibilities

By signing this agreement you acknowledge and commit to the following:

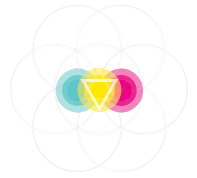
- You will attend your session punctually, and complete any recommended follow-up sessions or plan as discussed with the practitioner.
- You will provide accurate information about your health, injuries, medical history, medications and any ACC claim if relevant.
- You will follow after-session care advice (e.g., hydration, rest) to support your healing process.
- You understand that progress may be gradual and that the practitioner cannot promise instant or guaranteed outcomes.
- You understand if you are engaging via ACC or another insurer/agency, you must comply with any plan or referral requirements from ACC.

4. Practitioner Responsibilities

The practitioner at Circular Wellness will:

- Provide a safe, respectful, culturally appropriate healing environment consistent with rongoā Māori standards.
- Explain the process and what may happen during the session, including potential physical/emotional responses.
- Respect your tikanga, confidentiality, and holistic wellbeing.
- Collaborate with your rehabilitation provider (including ACC) if relevant, with your consent.
- Provide documentation or reporting required by ACC or other funding/insurance bodies (with your consent).

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: _____