

## Office Policies

### Client Responsibilities:

#### Scheduling

1. Appointments will not be scheduled by phone.
2. Appointments will be scheduled online, the patient health portal, or in-office after an appointment.
3. A credit, debit, or HSA card will be required to reserve the appointment.

#### Late Appointments/Cancellations

1. Please leave sufficient travel time to arrive on time for your scheduled appointment.
2. If you are more than 20 minutes late, your appointment will need to be rescheduled and you will be fully charged for the appointment.
3. Cancellations are ONLY accepted by phone or the patient health portal. I will not accept cancellations by text message, social media, or email.
4. If cancellation is necessary, please give 24-hour notice or you will be fully charged for the appointment. Emergency cancellations are determined at my discretion.
5. Clients who miss their first appointment without prior notice of cancellation, miss two (2) follow up appointments without giving prior notice of cancellation, or are late to two (2) follow up appointments will not be given future appointments. Non-emergency cancellations less than 24 hours before scheduled appointments must be paid for before a future appointment will be scheduled.

#### Therapeutic Environment

1. Adults who do not require physical assistance during their treatment from a caregiver are asked to come alone to their session to afford maximum privacy for the individual being consulted.
2. Clients with young children should not bring their children to their appointment.
3. Please be present during the session and not under the influence of electronics, alcohol, tobacco, nicotine products, & illicit drugs. **(NO CELL PHONES)**
4. Harassment of any type is not tolerated. If my safety or the therapeutic environment feels compromised, the session is stopped immediately. Cancellation policy applies.
5. Clients are clothed at all times during the session. The genitals or breasts are never exposed or treated in any way.
6. To protect confidentiality please wait in the waiting room (unless using the restroom) until you're called.

#### Medical

1. Clients must provide a health history and update when there have been any significant events/changes related to a client's health.
2. Clients must have/be under the care of a primary care physician.
3. Clients must not alter any medical therapies without consulting with their physician.

### **Financial Responsibility**

1. Payment is due at the time of service. All sales are final.
2. I accept cash and credit cards (Visa/MC/Discover/American Express).
3. Personal checks are accepted only with a credit card on file.
4. Checks for insufficient funds are charged a \$30 fee, in addition to whatever charges are issued by a client's financial institution. A statement showing payment will be sent or given to the client.
5. All credit card transactions will incur a 4% processing fee.
6. Appointments must be reserved with a credit card. The card will NOT be charged until service is provided or unless another form of tender is used. In the event of a cancellation: cancellation policy applies, and your card will be charged.
7. Clients agree to pay any balance remaining on their account for any reason upon receipt of a statement and understand that when requested, they must give Integrative Energetics, LLC their current address and other contact information. They understand that if they fail to pay the balance on my account this may result in Integrative Energetics, LLC pursuing any collection means possible with all costs at the client's expense.

### **What Clients Can Expect of Me**

1. Clients are treated with respect and dignity.
2. I will respect your time. Appointments are typically 60-105 minutes in length depending on the service. I will inform you if the appointment may take longer.
3. I will maintain privacy and confidentiality at all times. You may request a copy of my HIPAA policies.
4. I provide my clients with a competent and professional session each time they come for an appointment, addressing the client's specific needs for that session.
5. I perform services for which I am qualified and able (physically and emotionally) to do, and I refer clients to appropriate specialists when work is not within my scope of practice and/or not in the client's best interest.
6. I do not fill out forms, write letters, or write reports to insurance companies. This is not negotiable; I make no exceptions. I suggest that you do not anticipate being reimbursed by your insurance company.
7. I only release client records to the client.
8. I stay current with information and techniques by studying and by completing at least two workshops per year.
9. I only cancel appointments in case of an emergency or acute health reasons. Should I need to cancel an appointment, I give as much notice as possible.
10. I will maintain clean and safe equipment and supplies.

*Brandon J. Drabek, CNHP*  
*Natural Health Practitioner*

UPDATED: JULY 1ST, 2019

By making appointments you are accepting the rules and conditions of this office and acknowledge that you have read, understand, and agree to abide by these policies.

These policies apply only to the practice of Brandon Drabek (ReflexDoc, Integrative Energetics, LLC) and not to Living Well Massage & Bodywork or its affiliates.