

Jackson Posture Center

In order to provide the most healthful and healing experience possible, we ask you to be an active participant in your treatment. Open communication will help prevent misunderstandings.

Your therapist will need to know about any physical/ medical problems you might have. All information is strictly confidential, and will only be available to the therapist(s) involved in your care.

You will not be asked to disrobe any more than you are comfortable with.

If you choose, you may disrobe completely, partially, or remain completely dressed for your treatment. Please tell your therapist immediately if you become uncomfortable at any time during your treatment, for any reason.

If you have any questions, concerns, or problems with your treatment that you feel uncomfortable addressing with your therapist, please see the owner or manager before leaving the Clinic.

I have been offered a copy of the Notice of Privacy and Patient Rights for Jackson Posture Center.

Signature: _____

Date: _____