

******* EFFECTIVE DATE: 03/01/2025 *******

Clients will receive a signed copy of this agreement.

PWA WELLNESS DOCUMENTATION AND POLICIES

PWA MISSION STATEMENT

The Professional Wellness Alliance (PWA) is dedicated to supporting holistic practitioners in providing natural health and wellness services. Our mission aligns with Akina's Garden Healing by fostering a community of well-being, empowering individuals through education, and promoting holistic approaches that honor nature and self-care.

1. ELIGIBILITY

Workshops and group sessions are exclusively available to Professional Wellness Alliance (PWA)-registered members. All participants must verify their membership before attending any session.

2. CONFIDENTIALITY & PRIVACY

All participant information will be kept strictly confidential. Attendees are expected to respect the privacy of others by not sharing personal details or discussions outside the session. 3.

SESSION DETAILS

- Topics will focus on holistic wellness, mindfulness, and stress relief.
- Sessions will be conducted in a structured format, including guided discussions, interactive exercises, and reflection periods.
- Group sessions will last one hour, with a maximum number of participants per session to ensure quality engagement.

4. PRICING & PAYMENT

- The cost per workshop or group session is \$30 per person.
- Wellness consultations are \$100 for the first session and \$75 for follow-ups.
- Follow-up wellness consultation packages are available at \$450 for three months.
- Payment must be made in full before attending a session.
- Refunds are granted only in specific situations, such as emergencies or honored cancellations.
- Clients who receive a refund must reschedule for the following week.
- Payments made in advance will be applied to future sessions.
- This private practice ****only accepts self-payments**** through ****MasterCard, Visa, Venmo, PayPal, Cash App, and Stripe****. ****Cash or checks are not accepted.****

5. CONSENT & WAIVERS

By participating, attendees acknowledge that these sessions follow a holistic approach. The information provided is not a substitute for professional medical or psychological advice. Participants assume responsibility for their well-being during and after the session.

6. TELEHEALTH CONSENT

- I understand that telehealth services involve the use of electronic communications to improve patient access to care. The following applies to telehealth services:
 - Telehealth services are subject to the same confidentiality protections as in-person sessions.- It is the participant's responsibility to ensure a private and secure environment for telehealth sessions.
 - Technical issues or connectivity problems may occur, which could impact session effectiveness.- By participating in telehealth sessions, I consent to receive wellness consultations through remote communication methods.

7. PATIENT CLIENT POLICY

Code of Ethics

- Practitioners will provide care with professionalism, respect, and integrity.
- Clients will be treated with dignity and without discrimination.
- Services provided are within the scope of holistic wellness and not a substitute for medical treatment.

Rescheduling, Cancellation & Refunds

- Clients must provide at least 24 hours' notice for rescheduling.
- No-show or late cancellations within 24 hours will be subject to a \$50 fee.
- Constant no-shows or repeated late cancellations may result in termination of services.
- Refunds are only issued for emergencies or honored cancellations.
- Clients who receive a refund must reschedule for the following week.

Protected Health Information (PHI) Statement

- Client records are confidential and stored securely.
- PHI will not be shared without written consent except when required by law.

Service Limitations

- Akina's Garden Healing **does not assist with reproductive issues or severe mental health diagnoses**. Clients with these concerns will be referred to their **primary care doctor or mental health provider**.
- Akina's Garden Healing **does not serve minors or individuals under the age of 18**.
- Any attempt to misrepresent age will result in immediate termination of services.

Violation Consequences

- Any violation of these policies can result in services.
- Severe violations may lead to legal action.

Wellness Consultation Schedule

****Mondays and Some Fridays:**** Intakes from **** 4:30 PM to 6 PM**** (15 minutes free).

****Tuesdays, Wednesdays, and Thursdays:**** Wellness consultations (****50 minutes**** each).

****Fridays:**** Follow-up sessions (****45 minutes**** every other week).

Additional information and session details will be emailed in follow-up sessions.

Release of Medical Information Authorization

I authorize Akina's Garden Healing to release my medical information to:

- My designated healthcare provider(s) for coordinated care.
- Insurance providers as required for reimbursement (if applicable).
- Other entities as specified in writing by me.

Signature & Agreement

I acknowledge that I have read and understand the PWA Wellness Documentation and Policies. I agree to abide by the terms outlined above and recognize that my participation is voluntary.

Participant Signature: _____

Date: _____

Facilitator Signature: _____

Date: _____

NOTARY SECTION

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, who acknowledged that they executed the foregoing document for the purposes stated therein.

Notary Public Signature: _____

My Commission Expires: _____

Seal: _____

Signature Section

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Notary Signature & Seal: _____ Date: _____