



Erin C. Mullins

MA, LMHCA, ACHt, CSP, LMT, RYT

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APPLICATION AND CONSENT FOR

BODYWORK AND/OR SOMATIC EDUCATION

I hereby apply for bodywork or somatic education. I understand that the intent is to improve the functioning of my body and mobilize the energy; however, the work is not represented as a substitute for medical care.

I recognize that the process of this treatment necessitates that my body be touched, and I give permission to Erin Mullins MA, LMHCA, LMT, CSP, ACHt, RYT to touch my body. This consent form will apply to all treatment or somatic education sessions from this date forward, unless revoked in writing.

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

For Male clients, I consent to bodywork on the chest area and to body reading of the upper body while undraped.

I understand that there is risk of exposure and contraction of communicable disease, including COVID-19, while receiving care at the office of Erin C. Mullins Healing Arts. I consent to receive care from Erin C. Mullins from this day forward unless revoked in writing.

I agree to be on time for my appointments and to accept financial responsibility for any appointments missed, cancelled without 48 hours notice and/or not covered by insurance.

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone (H): _____ (W): _____

Signature: _____ Date: _____