

Client Agreement and Informed Consent

For sessions with Kasia Rachfall



Thank you for choosing to work with me. This agreement is here to create clarity, shared understanding, and a respectful container for our work together. Please read it carefully. By booking and paying for a session, you confirm that you have read, understood, and agreed to the terms below.

The Nature of Our Work

I offer trauma-informed somatic and bioenergetic support that is grounded, relational, and non-clinical. Sessions may include SIPS bioenergetic kinesiology, somatic support, energy work, and intuitive guidance, including Akashic Records when requested and appropriate. The exact shape of a session varies based on your needs and what emerges in the moment.

This work is collaborative. I do not diagnose, treat, or cure medical or psychological conditions. I do not offer medical, legal, or mental health advice. Sessions are intended to support self-awareness, nervous system regulation, and greater connection to your own internal resources.

You always have choice and may decline any exercise, pause the work, or redirect the session at any time.

Your Role and Responsibility

You are responsible for your own participation, choices, and integration. This is a “do with” process rather than something done to you. While I may offer reflections, questions, or perspectives, you decide what you take in and how you apply it.

You agree to show up on time, be present, and engage honestly with yourself. You understand that change unfolds at its own pace and cannot be forced or guaranteed.

Scope and Limitations

This work is not a substitute for medical care, psychotherapy, or mental health treatment. If you are experiencing acute psychological distress, medical symptoms, or require crisis support, please seek appropriate professional care.

SIPS bioenergetic kinesiology and somatic support is available to adults and minors with parental consent. Akashic Records sessions are only offered to clients 18 years of age and older.

I reserve the right to pause or end a session if I believe continuing would not be supportive or appropriate.

Payment and Scheduling

Payment is required in full PRIOR to your session.

Sessions may be rescheduled with at least 24 hours notice, subject to availability. Sessions canceled with less than 24 hours notice, or missed without notice, are charged in full.

Late arrivals are not extended and missed time is forfeited.

Once a session has begun, no refunds are offered.

If payment for a missed session is not completed, future bookings may be paused until the balance is settled.

Confidentiality

Your privacy matters to me. What you share in sessions is kept confidential, except where disclosure is required by law.

I may reference general themes or anonymized experiences from my work for teaching or educational purposes. No identifying details are ever shared.

You may request access to session notes or recordings if applicable.

Consent and Liability

By engaging in this work, you acknowledge that you participate voluntarily and accept full responsibility for your own well-being, decisions, and outcomes.

You agree to release and hold harmless Kasia Rachfall from any claims or liability beyond the amount paid for services rendered.

Recording and Testimonials

Sessions are not recorded unless mutually agreed upon.

Testimonials are always optional. If you choose to offer one, you may withdraw consent for its use at any time.

Agreement Signature

By signing below, I confirm that I have read and understood the Client Agreement and Informed Consent for sessions with Kasia Rachfall.

I understand that payment is required as outlined at the time of booking. This includes authorizing payment via credit card or sending an e-transfer to kasia@rachfall.com for the agreed upon session(s) fee(s).

I understand that this work requires my personal participation and responsibility. If I choose to discontinue sessions or not attend a scheduled session, I remain responsible for the fees according to the cancellation and missed session policy outlined in the agreement.

I agree not to share, distribute, or provide access to any session materials, recordings, or client-only content associated with my work with Kasia Rachfall.

I understand that session fees and payment details are private and agree to keep them confidential.

By signing below, I acknowledge and accept these terms.

Signature: _____

Date: _____

Print Name: _____

Please sign, scan and email back to info@kasiarachfall.com or bring to your in person session.