



# Nyinda Clinic: Tibetan Medicine & Holistic Healing

## Sowa Birthing Method ©

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### Nyinda Clinic: Tibetan Medicine & Holistic Healing Informed Consent for The Sowa Birthing Method & Acupressure Series

I, (*PRINT NAME*) \_\_\_\_\_ hereby state that it is my choice freely given for seeking bodywork known as **Sowa Birthing Method**. I have had the opportunity to ask any questions about the history of the Sowa Birthing Method, it's origins from the Kunye Tibetan Medical tradition and other Asian modalities, such as Jin Shin and Acupuncture, its modes treatment, and my practitioners qualifications prior to the commencement of any hands on work.

I have been informed that Tibetan Medicine or the Sowa Birthing Method is not recognized, nor is licensed in the USA. Its treatments are considered alternative and are *not a replacement for traditional qualified licensed medical care or care of a licensed psychologist*. I agree that the practitioner, though they may be recognized in other countries as a doctor or *Menpa* is NOT recognized as such in the USA and *therefore cannot legally diagnose, prevent, prescribe, treat or cure any diseases*. I understand they hold a regulated license as a massage therapist in the state in which they work.

I understand hands on work during this stage of pregnancy is NOT a replacement for qualified obstetrics and gynecological, or licensed midwife care. As the expectant mother, I agree herein to be under the care of a licensed provider and maintain the weekly checks required at the later stages of pregnancy for proper monitoring. I understand the goal of our sessions is to ready the nervous system and slowly ripen the body in preparation of childbirth and is not for inducing labor.

I also agree to the information from my sessions with my Sowa Birthing Method practitioner to be documented and stored with them; with the understanding that they are private. However, I agree that if any part of my consultation or history is published for research, teaching, or presentation as a case study, I understand that that ALL identifying personal information will be left out.

I agree to take full responsibility for my choice having fully read the above statements and having been given an opportunity to ask any questions and have had them answered to my satisfaction.

*I understand and agree to the policy that I must give 36 hrs advance notice for cancellation of any appointments Tuesday-Friday and by Fridays at 4pm for Monday, or Tuesday's following a Monday Holiday. I may be held responsible for payment without such notice. I understand that payment is due when services are rendered. \*in case of emerging, or active labor I agree to have someone inform the clinic I won't be coming.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Date \_\_\_\_\_