Terms of Service

Please read the following statements and initial the line next to each item. Signing the bottom of this page indicates that you have read and understand each statement.

_____I understand that BrainWorks provides cognitive & academic assessments and neurodevelopmental assessments and reflex integration. The staff at BrainWorks are not medical professionals and do not make any medical claims.

_____I understand that BrainWorks provides movement-based approaches for Neuro-Sensori-Motor Reflex Integration. This practice is not regulated by a governing agency. The BrainWorks staff holds the appropriate certifications to engage in this practice as a practitioner.

_____I understand that the services provided by BrainWorks are not covered by insurance and are an out-of-pocket expense.

_____I understand that payment is due upon receipt of services unless other arrangements are made in advance. Payments current accepted are cash, check, and Venmo. We do not accept credit cards at this time. There is a $25 charge for any returned check.

_____I understand that no guarantees are made regarding progress or outcomes. Each individual is different and responds accordingly to various modalities. Generally, treatment plans for reflex integration run at least six months with weekly appointment. This depends greatly on the individual's needs and development.

_____(For minor clients only) I understand that this approach to wellness and better functioning requires on-going, daily parent or caregiver involvement. I agree to be an active participant in my child's treatment. The parent or caregiver who will be doing the movements with the child should be present at all appointments.

_____We require 24-hour notice for cancelled appointments. Less than 24-hours' notice will result in $75 charge for reflex sessions and $100 charge for assessments. A no-show appointment will result in a $150 charge for reflex work and a $200 charge for assessments. Repeated cancellations will result in discontinuation of service.

_____I understand that any information regarding supplements or treatment options or referrals I receive from the staff of BrainWorks via e-mail, phone, or in person is based on

knowledge acquired from conferences, webinars, books, and lectures. It is not intended to be medical advice, but to provide clients the opportunity to explore other options. BrainWorks accepts no responsibility for how you utilize the information provided. Any supplementation should be done under the care of a qualified physician.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Dr. Mary Mollway from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

_____ _____

Signature of Client Date

_____ _____

Signature of BrainWorks Staff Date