

Consent Form

Thank you for visiting Shinkyu Yokohama IORI today.

This form outlines our requests to you and confirmation that we require before commencing your treatment. Please read the entire form carefully and sign it as an indication of your consent.

1. Clients who are feeling ill, are suffering from a medical condition, or who are pregnant may not be able to receive treatment. In such cases, a doctor's consent is required.
2. Each individual will feel pain and the effect of the treatment differently. Pain may be felt in areas where the muscles are very stiff. If you experience pain, please do not try to endure it, but let our staff know immediately. The strength of your treatment can be adjusted or the treatment can be stopped.
3. It is understood that treatments provided by the salon do not constitute a diagnosis or medical activity. A treatment is not a promise of a complete cure.
4. If the treatment produces strong effects, you may feel hot and/or sluggish. However, please be rest assured that these are positive reactions that occur as a sign that your body is recovering.
5. Internal bleeding may occur after an acupuncture session. It is more likely to occur when capillaries have been weakened due to poor circulation or a build up of toxins. Please be assured that the reaction will disappear in one to two weeks and that no traces of internal bleeding will remain.
6. Illegal or sexually suggestive behavior will result in the treatment being terminated.
7. We are not responsible for accidents that do not involve this salon or accidents that occur outside the salon.
8. Please refrain from drinking alcohol before treatment.

Handling of Personal Information (Privacy Policy)

When applying for a course or program, or when registering as a member, the following information will be collected to the extent required, and will be managed by Shinkyu Yokohama IORI.

- (1) Name, address, phone number, gender, date of birth, etc. for the purposes of verifying your identity and contact/notification.

- (2) Physical characteristics (constitution, diseases, physical conditions, etc.) associated with the provision of our services.

When managing personal information, we will ensure full compliance with this privacy policy.

Date : (Month/Day/Year)

Signature: _____