

Sue Walker ∞ **Wellness Within^{LLC}**

Healing Touch Certified Practitioner (HTCP) ∞ Certified Reiki Master (CRM)

970.690.8865 ∞ www.WellnessWithinUs.com ∞ email: Sue@WellnessWithinUs.com

Client Disclosure and Consent Form

Client Name: _____

Please write your initials on the following 3 lines

_____ I give consent to Sue Walker, HTCP, CRM to conduct an energy therapy session to clear and balance my energy system.

_____ I give Sue permission to appropriately touch body with light hand placement during the session. I understand that energy therapy is not massage and that Sue will not use pressure or force.

Cancellation Policy

_____ I agree to pay the standard or negotiated session fee for cancellations made with less than 24 hours notice, or for not being present for a scheduled appointment. Note that exceptions will be made for unforeseen emergency situations.

Fees and payment

- ✓ I agree to pay the standard fee of \$70 per session in Sue's office unless another payment arrangement has been agreed upon in writing with Sue prior to the session.
Other arrangement:
- ✓ I understand that Sue honors a sliding scale fee and I agree to negotiate the session fee if necessary.
- ✓ I agree to provide payment at the session by cash, check, VISA, MasterCard, Discover, or American Express OR I agree to prepay for the session with PayPal.
- ✓ I understand that Sue does not file insurance or Medicare claims but will provide me with a written receipt upon request.
- ✓ I agree to pay a fee of \$35 to Sue Walker if my check for payment is returned for any reason.

Confidentiality

- ✓ Any exchanges and experiences during sessions will remain confidential except under circumstances detailed in *Colorado Statutes 12-43-218. Disclosure of confidential communications* (provided upon your request).
- ✓ Information will only be released to agencies or individuals with your signed authorization, except in the legal situations noted directly above.
- ✓ Client files are maintained in strict confidence in accordance with Colorado State laws and the professional standards defined in the *Healing Touch Program Code of Ethics*. No confidential information is stored electronically therefore HIPPA regulations do not apply.

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I understand the following:

- ✓ Healing Touch and Reiki are both non-invasive hands-on holistic energy therapy modalities that focus on clearing and balancing the human energy system.
- ✓ This session is intended to assist my body's natural ability to achieve a balanced energetic state and to promote the natural self-healing of my body, mind, emotions, and spirit.
- ✓ An assessment will be conducted to determine the present condition of my energy system and my general physical, mental, and emotional health, and that this information will be shared with me.
- ✓ The goals of my session will be mutually identified with Sue and I will have input into my goal and intention setting.
- ✓ Sue practices within her scope of practice for Healing Touch as a Healing Touch Certified Practitioner (HTCP) and Reiki as a Certified Reiki Master (CRM). Sue does not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. **Note:** Written copies of the *Healing Touch Program Statement of Scope of Practice* and *Code of Ethics* are provided upon request and can be found at <http://www.healingtouchprogram.com/ethics/index.shtml>
- ✓ This energy therapy session is not meant to replace medical care or treatment by established medical practices, but is meant to integrate with, and complement them.
- ✓ There are no guarantees as to the results that are expressed or implied.
- ✓ A state of extremely deep relaxation is often experienced with energy therapy and this may result in deep emotional, physical, or mental shifts, releases, or realizations.
- ✓ I am encouraged to ask any questions or express any concerns at any time during the session.
- ✓ I agree to consider suggestions that Sue may make concerning referrals to other health care practitioners.
- ✓ I agree to take full responsibility for my own wellbeing and health care.
- ✓ I will not hold Sue responsible for my physical condition, mental or emotional state, or my personal wellbeing.

Client or Legal Guardian Signature _____

Date _____

Client name printed _____