

CLIENT CONSENT FOR HEALING TOUCH SESSION

I _____, have received information and understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or noncontact touch.

It has been explained to me that Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I may be advised to seek by them.

I have been informed that my Healing Touch provider will neither diagnose nor prescribe for any condition I may have nor does she make specific claims regarding results from the Healing Touch sessions I receive.

I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Some of the indications for a Healing Touch session include, but are not limited to:

- Reduction in stress, pain, and anxiety.
- Decrease in nausea
- Preparation for medical treatment and procedures and to manage side-effects
- Support during chemotherapy
- Support for the body's natural healing process and well being
- Facilitation of wound healing

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by State and Federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Healing Touch Practitioner, Lynn Blackwell, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding my Healing Touch Practitioner's background, Healing Touch, and what I might expect from this session.

I give my consent to receive Healing Touch from Lynn Blackwell, HT Practitioner.

Client Signature _____ Date _____