Client Disclosure and Consent Form for: Healing Touch / Reiki / Craniosacral Therapy

I understand the following:

- **Healing Touch/Reiki** is a non-invasive, hands-on therapy using light touch to clear and balance the chakras and human energy field.

- **Craniosacral Therapy** uses light touch to balance the craniosacral system in the body, which consists of the bones, nerves, fluids, and connective tissues of the cranial and spinal area. It releases tensions in the soft tissues deep within the body to relieve pain, dysfunction, and improve one’s overall health.

- This session is intended to assist the body’s natural healing ability and promote self-healing of the body, mind, emotions, and spirit.

- The benefits are an increased sense of well-being, deep relaxation, and helps reduce pain, stress, and anxiety.

- An assessment will be done to determine the present condition of my energy system and my general overall physical, mental, and emotional health, and this information will be shared with me.

- The goals of the session will be mutually identified.

- A typical treatment session lasts approximately 60 minutes.

- You remain fully clothed during a treatment session except for shoes.

- A state of very deep relaxation is often experienced and this may result in deep emotional, physical, or mental shifts, releases, or realizations.

- There are no guarantees as to the results that are expressed or implied.

- This treatment session is not meant to replace medical care or treatment by established medical practices, but is meant to integrate with, and complement them.

- I am encouraged to ask any questions or express any concerns at any time during the session.

- I agree to consider any suggestions Joanie may make concerning referrals to other health care practitioners, recommended homework, and take full responsibility for my own well-being and health care.

- Joanie does not diagnose, prescribe, or perform medical treatments, and I should seek a physician for any condition that I am aware.

- Joanie practices within her scope of practice as a Healing Touch Certified Practitioner, Advanced Reiki Practitioner and Craniosacral Therapist.

Note: Copies of the Healing Touch Program Statement of Code of Ethics and Scope of Practice are provided upon request and can be found at: [http://healingtouchprogram.com/ethics/index.shtml](http://healingtouchprogram.com/ethics/index.shtml)
Confidentiality/Client Rights
- 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.
- You have a right to review your files upon request.
- You may instruct me to release information to other health care practitioners in writing.
- Your confidential file is kept in a secure location and retained for 4 years after you suspend services after which they will be destroyed in the proper manner.
- You may discontinue services, change consent, or leave at any time. Be sure to inform me if at any time you feel discomfort so a change in treatment can be made.

Fees/Payment/Cancellation Policy
- I agree to pay the fee of $75 per session. Packages are available.
- I agree to provide payment at the session by cash, check, VISA, MasterCard, or American Express.
- I understand that Joanie does not file for insurance or Medicare claims but will provide me with a written receipt upon request.
- 24 hours is greatly appreciated to cancel an appointment.

Acknowledgement
- I have read the above information and understand the nature of Joanie’s services and scope of practice.
- I give Joanie permission to use light touch during treatment sessions.
- I fully consent to the services offered by Joanie DelaGarza, RN, CR, HTCP and agree to fully release and hold harmless, Joanie DelaGarza, from any and all claims or liability in connection with her treatment sessions.

Client or Legal Guardian Signature_______________________________________________

Date_____________________

Client or Legal Guardian name printed___________________________________________