

Client Consent Form

I understand that:

- ◆ An assessment will be conducted to determine the general health of my energy system and this information will be shared with me.
- ◆ Any suggestion made by the practitioner will be to assist my body's natural ability to achieve a balanced state to the extent my body or my highest knowing will allow.
- ◆ The goal of my treatment will be identified as part of the treatment process and I will have input into my goal setting.
- ◆ These sessions are not meant to replace treatment by established medical practices but to complement them.
- ◆ No guarantees as to the results of treatment are expressed or implied by the practitioner.
- ◆ Kristi Joy is a Healing Touch Certified Practitioner/Instructor and a Colorado Licensed Massage Therapist. She is not a licensed physician nor is Healing Touch licensed by the state of Colorado.

I agree to:

- ◆ Raise any questions about anything I do not understand.
- ◆ Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners, homework, or my goals and intentions for healing.
- ◆ Take full responsibility for my own health care.
- ◆ Give consent to Kristi Joy, HTCP/I, LMT to conduct a session to balance my energy system. I acknowledge that this may involve touch.

Confidentiality

I understand that all issues related to my sessions will be kept in confidence unless specified in writing or governed by law.

Fees and Payment

Initial sessions are 75 minutes and subsequent sessions may be 60 or 90 minutes depending on healing goals and frequency of visits. Fees: 90 minutes - \$110, 75 minutes - \$90, 60 minute - \$80

Cancellations and Missed Appointments

Cancellations made with less than 12 hours notice and missed appointments without notice are subject to a fee of half the session fee. I understand that my appointment time is reserved for me and that it is important to give notice if I am unable to make my appointment. Please note that exceptions will be made for unforeseen emergency situations.

Client Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____