

## 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. She is not a licensed physician nor is Healing Touch licensed by any state.

*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 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 \$100 (75 minutes). Follow-up sessions are \$90 (60 minutes). Your confirmation email has an option to pay for your appointment online. You can also pay by Venmo: @Kristi-Ann-Joy

### **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 \_\_\_\_\_