**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_