

Client Consent for Healing Touch Treatment

Melinda Chichester, HTCP/I, End-of-Life Doula

Healing Touch Transitions – 484.643.3657

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 that my body or my highest knowing will allow
- ♥ The goal of my treatment will be identified as part of the treatment process and that I will have input into my goal settings, as well as give intent for it.
- ♥ These sessions are not meant to replace treatment by established medical practices, but to complement them. They can also create a more synergetic result with other interventions.
- ♥ No guarantees as to the results of treatment are expressed or implied by the practitioner.
- ♥ Melinda Chichester is a Healing Touch Certified Practitioner and is not a licensed physician and will neither diagnose nor prescribe any condition that I might have nor does she make any specific claims regarding results from the Healing Touch sessions that I receive.

I agree to:

- ♥ Raise any questions or concerns about anything I do not understand.
- ♥ Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners, homework, or my desired focus/introspection.
- ♥ Take full responsibility for my own health care.
- ♥ Give consent to **Melinda Chichester** to conduct a session to balance my energy system. I acknowledge that this involves touch.

Release of Liability Clause:

“Except in the case of gross negligence or malpractice I, or my representative(s) agree to fully release and hold harmless, Melinda Chichester, from and against any and all claims or liability of whatsoever kind of 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, credentials, Healing Touch, and what I might expect from this session.

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

Cancellation Policy: If you must cancel a session, please cancel 24 hours prior to the start time of the session or be charged. In the case of an emergency please contact me as soon as possible.

Signature _____ Date _____

Name (please print) _____