

ENERGY HEALING TREATMENT CONSENT FORM

I understand that the Energy Healing practitioner at Infinity Healing Studio is not a physician, psychologist, psychotherapist or other licensed health care provider nor are the services of energy healing licensed by the State of Nevada.

Although Energy Healing methods are intended for "healing", it is not to be constructed that the use of energy healing methods is the practice of medicine, psychology, psychotherapy or other licensed health care practice.

I understand that the Energy healing practitioner at Infinity Healing does not diagnose physical, illness, disease, or mental disorder. Nor does she prescribe medical treatment or pharmaceuticals. It has been made clear that Energy Healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a MD/ND for any physical or mental ailment.

I acknowledge that the energy healing practitioner at Infinity Healing Studio offers Bio Energy Synchronization technique, Tameana Crystal Healing, Medical Intuitive Reading & Remote Energy Healing, and uses her intuitive practice with the intention to assist her clients in restoring balance and energetic flow in the body, thereby, creating the opportunity for the mind/body to heal naturally.

With this in mind, I agree that the Energy Healing practitioner at Infinity Healing Studio cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session.

I have stated all of my known medical conditions to my therapist and if necessary, I will keep her updated on my physical, mental, and emotional health..

I attest that I understand the nature of the treatment and freely elect to receive treatments giving my informed consent. .

I release Infinity Healing Holistic Wellness Studio from any and all claims of malpractice, non-disclosure, or lack of informed consent.

Printed Name _____

Signature _____

Date _____

LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT Please provide 24 hours advance notice of any changes or cancellations. Appointments that are missed/rescheduled/canceled with less than 24 hours notice will be charge 50 % of the service.

Signature: _____ Date: _____

COMMUNICATION CONSENT We are required to have your consent to communicate via Email, call and or Text.

I consent to communicate by email, phone call/text: Yes _____ No _____

Signature: _____ Date: _____