

## **Client Agreement for Services, Disclosures & Consent for Treatment for Healing Touch Sessions**

**Practitioner Name and Credentials:** Vickie L Wright, MBA, MSN, RN HTP-A

**Practice Location:** 10545 Vista Alta Drive, Reno, NV 89521

**Contact:** 775-560-9997 vickiewright@sbcglobal.net

### **Definition of Healing Touch**

Healing Touch is a holistic integrative therapy intended to clear, balance and energize the human energy system in order to facilitate physical, emotional, mental and spiritual self-healing.

The trained practitioner uses gentle light touch with heart centered intention. Healing Touch is intended to complement and not replace any prescribed medical care. Practitioners do not diagnose conditions or prescribe treatment. This treatment is not considered a “curative” treatment.

### **Session Information**

Sessions are 30-60 minutes long.

Practitioner is not a provider for any insurance carrier and will provide an invoice for sessions upon request.

### **Appointment Cancellation Policy**

I agree to give a 24-hour notice if it is necessary for me to cancel an appointment. My practitioner reserves the right to charge me for the session if sufficient notice is not given.

### **Confidentiality**

All client information and records are treated in a confidential manner and no information will be released to anyone without my prior written consent, except in situations governed by law.

### **Disclosures**

- Healing Touch practitioners do not diagnose conditions or prescribe treatments.
- No specific claims will be made by the practitioner regarding results from the Healing Touch sessions.
- Treatment goal(s) will be mutually identified as part of the assessment and clients have input in the goal setting process.

### **Practitioner Liability Insurance**

The Energy Medicine Professional Association, 15610 Henderson Pass #700070, San Antonio, TX 78232 • (210) 960-8807 • (210) 497-8532 FAX

### **Hold Harmless Clause**

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully

release and hold harmless, Practitioner Name, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

**Client Consent for Treatment**

\_\_\_ (*initials*) I have read this document and been given the opportunity to ask questions regarding this document and Healing Touch sessions.

\_\_\_ (*initials*) I take responsibility to inform my practitioner of any changes in my health status.

\_\_\_ (*initials*) Yes, I give permission for light touch.

**Signature**

Client or Legal Guardian Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Guardian Printed Name if Applicable: \_\_\_\_\_

Date: \_\_\_\_\_