***SAMPLE – Edit to your specifications and delete NOTES***

**Client Agreement for Services, Disclosures &**

**Consent for Energy Medicine Sessions**

**Practitioner Name and Credentials:**

**Practice Location:** (address)

**Contact:** (email) (phone)

**Definition of Energy Medicine**

Energy Medicine is a holistic integrative approach 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 various energy modalities with heart-centered intention. Energy Medicine is intended to complement and not replace any prescribed medical care. Practitioners do not diagnose conditions or prescribe treatment.

**Session Information**

Sessions are (x) minutes long.

The fee per session is $ (x).

(Practitioner) is not a provider for any insurance carrier and upon request will provide an invoice that the client may submit.

**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**

***NOTE:*** *For practitioners not licensed in a healthcare profession or modality that covers touch, such as massage, research your state and local government requirements or regulations on alternative or complementary therapies and provide the required wording. Some states require a license to touch in order to provide energy medicine.*

* Energy Medicine practitioners do not diagnose conditions or prescribe treatments.
* No specific claims will be made by the practitioner regarding results from the energy sessions.
* Goal(s) for our work together will be mutually identified as part of the assessment and clients have input in the goal-setting process.

**Practitioner Liability Insurance**

(List liability insurance carrier here.)

**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).

***NOTE****: Practitioners holding the Energy Medicine Professional Association insurance are required to provide the above wording to all clients.*

**Client Consent for Sessions**

\_\_\_ *(initials)* I have read this document and been given the opportunity to ask questions regarding this document and Energy Medicine 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: \_\_\_\_\_\_\_\_\_\_\_\_\_