

Balancing Your Health, LLC

Client Consent for Healing Touch Sessions



I _____, have received information regarding Healing Touch. I understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch. It has been explained to me, that Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner.

These sessions are not meant for diagnosing or treating any physical or mental disease or conditions, Healing Touch services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

Tanya Mims, R.N. is a **Healing Touch Practitioner Apprentice**, and is not a licensed physician nor are any Healing Touch services by the state of Georgia or South Carolina.

I have been informed that my Healing Touch Practitioner will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Healing Touch sessions that I receive.

Fees and Payment

Fees charged for a Healing Touch session are \$60.00. The session is one (1) hour in length. (Allow 1½ hours for intake and post treatment time.) Check, cash, and credit cards are accepted for payment. Each check that is returned because of insufficient funds will result in a charge to you of \$15.00 plus bank charges. At this time my practitioner does not file insurance claims. If you desire, she will give you a receipt, if requested, for you to submit to your Flex account.

Confidentiality

I have been informed that all client information and records provided during a Healing Touch session will be kept confidential except under circumstances as detailed in Georgia Statutes or federal laws and regulations. Information may not be released to individuals or agencies without my signed authorization, except in those legal situations as noted. Practitioners are required by law to report, or cause to be reported, the threat of serious harm to self or others. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

I _____ authorize that material from this Healing Touch session and or my anonymous confidential files may be discussed with an appropriate mentor for purpose of consultation, education or support. All information will be handled professionally and confidentially. Such discussions enable my Healing Touch Practitioner to render better service and increase her effectiveness in my sessions.

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 have read this form and I understand and agree to the policies described herein. I give my consent to receive Healing Touch from Tanya Mims.

Patient Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

Witness: _____

Date: _____