

Client Consent Form

I, _____ recognize that the services provided through the practitioner are an alternative method of holistic healing which is a method of energy healing and balancing. The work is intended to be in harmony with any other healing work that I undertake, including traditional medicine and psychotherapy. I understand that the practitioner does not prescribe medical treatment or pharmaceuticals and that self care is an extremely important part of my healing process. At all times my healing is my responsibility, and I take full responsibility for personally resolving with the practitioner any touch and/or behavior that I deem uncomfortable, harmful or inappropriate. I attest that I understand the nature of the treatment and freely elect to receive treatments. By signing here I release the practitioner, Homelight Healing from all claims of malpractice, non-disclosure or lack of informed consent or any harm incurred.

Signed in agreement _____ Date _____

Address _____

Telephone number _____ Email _____

Thank you