

## Consent/Disclosure

The purpose of this consent is to explain what the client can expect from his/her session. My belief about healing is that each of us is his/her own healer, that healing comes from within ones-self.

My place as a practitioner is to assist you in your healing by using a variety of Energy techniques based upon my system, Energetic Kinesis, etc. These are suitable to the client from the information given above on the client record form, to help improve your physical, mental, and spiritual well-being. The techniques will greatly improve your own innate healing abilities. I, as a practitioner, am not a physician and do not diagnose or prescribe drugs.

At all time, your healing is your responsibility. As the practitioner, I am available to be your partner in the process, your committed listener, your mirror. I will not advise you to discontinue any medical treatment you are currently receiving. This work is intended to be harmonious with any other healing work you are undertaking, including traditional medicine or treatment.

I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Helena Rey for any injury or death caused by their negligence or other acts.

All discussions and the content of our work together will be kept confidential.

By signing below, you agree that the practitioner may work with you in the above-described manner. No promises other than those outlined above are made.

Most people experience increased well-being and improvement in their condition. Some have experienced complete healing. These things are not promised. There are no side effects associated with these sessions.

## ACKNOWLEDGEMENT AND RELEASE

The client hereby acknowledges that he/she has read the foregoing informed consent for the Client Session and is satisfied that he/she understands the nature of the sessions and freely elects to receive the same. The client releases the practitioner from all claims of malpractice, non-disclosure, or lack of informed consent. The client freely assumes any and all risks of the treatment whether presently contemplated or hereinafter discovered. The client also acknowledges that the practitioner has informed him/her that she is not licensed under the laws of this state to practice any form of medicine, that she has stated that she will neither diagnose or prescribe for any condition or problem from which the client may appear to be suffering; that she has suggested that if the client has any physical or mental complaints, the client should consult a licensed medical doctor. This is not a substitute for medical treatment. I also have been informed and I understand that no guarantees or promises of cure have or will be made to me and that any benefits which I experience come from within my own self.

Print Name: \_\_\_\_\_ Sign and date: \_\_\_\_\_