



Informed Consent for Healing Touch

I understand that Healing Touch is a complementary modality that in no way substitutes for appropriate traditional medical intervention or psychotherapy. I also understand that my practitioner may make suggestions for my self-care and referrals, if needed.

I recognize that there is a close working partnership between me and my practitioner that requires me to share my ideas, perceptions and opinions readily. In this manner, any misunderstandings can be cleared up immediately.

I further understand that there are numerous benefits possible through Healing Touch, such as diminished pain sensation, increased relaxation, relief from anxiety, and enhanced sense of well-being. These effects may vary depending on each individual's response patterns. Although there are no known harmful effects from this type of intervention, I hold my practitioner harmless from any possible effects that may cause temporary discomfort and agree to take full responsibility for my self-care and personal development.

I have read the Healing Touch letter and understand the payment policy.

Signed _____

Printed Name _____

Date _____