

**CLIENT CONSENT FOR HEALING TOUCH SESSIONS**

***The Colorado Natural Health Consumer Protection Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items I-V below. To be compliant, I must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for two years following your last session and give you a copy.***

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 condition. 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.

Megan Albert is a Healing Touch Practitioner, Certified in Ethnobotanist / Herbs, Degree/ASS- Nutrition and Certified in Rain Drop Technique and is not a licensed physician. 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. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

**Fees and Payment** Fees charged for an HT session are \$100.00. The session can be up to one (1) hour in length. (First time sessions, allow 1 ½ hours for intake and post treatment time.) Cash, Venmo, Zelle, and Credit cards with 3.5% charge are accepted for payment. At this time I do not file insurance claims. If you desire, I will give you a receipt if requested for you to submit to your Flex account or HAS, you can use your HAS/HRA/Flex cards as payment.

**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 Colorado 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 HT 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 HTP to render better service and increase their effectiveness in my sessions. My questions have been answered to my satisfaction regarding my HTP 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 Megan Albert.

Expect in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Megan Albert from and against any and all claims or liability of what so ever kind or nature arising out of or in connection with my session(s).

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian      Signature \_\_\_\_\_ Date \_\_\_\_\_