

CLIENT CONSENT FOR RAIN DROP TECHNIQUE

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. 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 Rain Drop Technique (RT). I understand that RT is a gentle use of essential oils used combined with therapeutic touch techniques on the feet and back. This is used for health and healing that can assist your body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact, touch and **essential oils**. It has been explained to me, that RT 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. RT 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 Megan Albert will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from RT 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 RT session are \$125.00. The session can range from 1 ½ hrs. to 2 hrs. Cash, Zelle, Venmo, PayPal and Credit Card (with an additional 3% charge added for Credit cards) are accepted for payments. 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. HSA accounts sometimes will go through as payment as well.

Confidentiality I have been informed that all client information and records provided during a RT 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 RT 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. My questions have been answered to my satisfaction regarding my background and credentials, 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 RT 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 _____