**Holistic Healing Energies, LLC**

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I understand that the Healing Touch Therapy given here is for the purpose of stress management, reduction of muscular tension and /or for increasing circulation and energy flow. I understand that the Healing Touch practitioner does not diagnose illness, disease or any other physical or mental disorder. The Healing Touch practitioner does not prescribe medical treatment of any kind, nor perform spinal or skeletal adjustments. I understand that Healing Touch Therapy is not a substitute for medical examination, diagnosis or treatment and that it is recommended that I see a physician, naturopath or chiropractor for any ailment I might have.

I agree to inform the practitioner of all my known medical conditions on this date and take it upon myself to keep the practitioner updated on my physical health. I consent to the Healing Touch practitioner consulting with other practitioners who are involved in my healthcare regarding pertinent information relative to my healing. I further agree to immediately inform the Healing Touch practitioner of any problems that might arise as a result of my Healing Touch therapy sessions.

To avoid being charged for missed appointments, I must cancel at least 24 hours in advance or the full fee for that session will be charged. A $35 fee will be assessed on all returned checks.

I have read this release in its entirety, fully understand its terms and knowingly and voluntarily agree to those terms. I have received a copy of the Client Bill of Rights which are listed on the back of this page.

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

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_