



Holistic Wellness Buddy, LLC
...your partner in health

Informed Consent Agreement for Reiki

I understand that:

- the services that Buddy Ross provides are holistic/integrative modalities
- these services are not considered a replacement or substitute for medical care or therapy
- it is recommended that I seek appropriate medical care and therapy at all times

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation.

I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is beneficial.

I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

If I am requesting Reiki to be done at a health care facility, I understand it is my responsibility to get permission from the health care facility and coordinate a time with that facility and with Buddy Ross.

I understand that Buddy performs "hands on" Reiki in a head-to-toe fashion, unless requested otherwise.

I give Buddy full permission to touch my body for the purposes of providing Reiki.

It is understood that it is my right to ask her to stop touching my body at any time, for any reason.

I understand that Buddy Ross is an Integrative/Holistic Nurse Consultant, Traditional Naturopath, Certified Wellness Inventory Coach and Reiki Master/Teacher and that she is not a licensed physician, naturopathic physician, psychologist or mental health professional. I am aware that she neither diagnoses, prescribes, treats, cures or heals any physical, emotional, psychological, or mental conditions or illnesses.

I accept responsibility for my physical, emotional, psychological, mental and spiritual well-being and for my reactions and responses to any information presented in the services provided by Buddy Ross. I agree that the services provided by Buddy Ross are subject to my own interpretation.

I understand that these services are offered only to those persons who are of legal age (18) at the time of the scheduling of the session. If I am not 18, I will provide a written consent from a parent or legal guardian in order for the service(s) to be provided.

I further acknowledge and understand that any conversation had and information provided during these services shall be considered confidential and shall not be disclosed except as required by law.

If I **request** information from these sessions to be shared with my health care provider, I will provide written consent, name and address of the health care provider.

I acknowledge that I have voluntarily agreed to participate in the services offered by Buddy Ross and I request Buddy Ross to perform these services. I confirm in this Informed Consent the conditions of my participation in these services to be performed by Buddy Ross. I am aware that this Informed Consent contains a release of liability and a contract between myself and Buddy Ross, and agree to these terms when I purchase a service or product recommended by Buddy Ross.