**My Healing Yogini LLC**

**(732)310-8072**

**Jesilynternyik@gmail.com**

**Consent for Participation**

1.  **CONSENT FOR PARTICIPATION AND SERVICES**

Any information derived from this session is not to be taken as medical advice. Always consult with your medical and mental health provider as a primary resource. I give my consent for the engagement of services with My Healing Yogini LLC, and I understand that services rendered are not medical or related to mental health therapy. Any guidance provided should be consulted with a medical or mental health practitioner first and foremost.

3.  **CONSENT/WAIVER OF RESPONSIBILITY FOR PERSONAL INJURY**

I consent that My Healing Yogini LLC is not liable for any personal injury as it has been stated that my medical and mental health team should be my primary consultation. I agree that I will not cease medical or mental health treatment without the permission of my physician or mental health provider. It is recommended that that medical consultation occur before making any dietary or supplemental changes. Bioenergetic healing techniques can bring up trauma, by signing this waver you agree that you have a functional support system or mental health provider in the event that additional support is needed.

4. **PHI – Protected Health Information**

By signing this document, I understand that my PHI will not be released to any individual, as is regarded as private information. Under no circumstance’s information will be shared or used for research purposes.

Unless otherwise specified, this consent will expire upon disengagement from participation in services with My Healing Yogini LLC. This consent may be cancelled at any time with written notification.

**Participant Signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        **Date:**