



# A Touch of Balance

## Informed Consent Form

I, \_\_\_\_\_ hereby voluntarily request and consent to receive Reiki services from Deirdre C. Bottamini.

I understand and acknowledge that no guarantees have been made to me as to the effect of such services.

I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness.

I understand that prior to my first Reiki session, I will receive an oral explanation of and description of a Reiki session. I understand that I may refuse any and all services at any time during my first session and any subsequent sessions, though this may not entitle me to a refund.

I understand that Deirdre C. Bottamini upholds the highest standards of care and professionalism and that the services provided are simply intended to enhance relaxation and to aid in stress reduction.

I understand that Reiki is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Doctor or Primary Caregiver for any condition I may have. I am advised that if I am sick, I should consult my Doctor. I am aware that my Reiki Practitioner does not diagnose illness or disease and does not prescribe medication.

If I experience any discomfort during the session, I will immediately communicate that to the practitioner so the treatment can be adjusted.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Deirdre C. Bottamini from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

I understand that payment is required at time of services offered. I must give 24 hours notice for cancellations to avoid cancellation fees.

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

