

# *Divine Reiki and Massage*

## **Reiki Client Consent Form**

I hereby request and consent to Reiki treatment by Susan Moran, a Reiki Master. I understand that Reiki serves individuals with a wide range of complaints, including both acute and chronic healthcare issues. No guarantees concerning its use and effect are given to me. I understand that Reiki is a Japanese form of relaxation that provides a natural source of restorative energy and relief from stress. It is a safe, simple, and gentle hands-on energy technique of treatment with no known side effects. I get that Reiki is neither medical treatment nor massage, nor can it harm the body in any way. It does not interfere with traditional medical treatment. I get that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that if there is an emergency, a worsening of my health condition, or a new ailment or condition arises, that I should consult a licensed physician.

I understand that Reiki can compliment any medical or psychological ailment I may have. I also understand the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I understand 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. I understand that the practitioner will be remotely sending energy to me for the duration of my Reiki session(s).

### **Payment & Cancellation Policy:**

In an effort to provide you with professional and personalized holistic healthcare, I reserve your appointment time exclusively for you. If you need to cancel or postpone your session, kindly call me at 201-370-7569 at least 24 hours in advance or else you will be charged the full fee for the missed session. Call ahead of time to discuss whether it would be appropriate to receive treatment that day. I understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, I request that you cancel your session. Inclement weather may also result in the need for late cancellations. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined.

**Late Arrival Policy :**

I understand that issues can arise that may cause you to be late for your appointment. However, I ask that you please call/text me to inform if this ever occurs so I can do my best to accommodate you. Appointment times are reserved for each client, so often times I cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return I will do my best to be on time, and if I am unable to do so, I will add time to your session to make up for our late arrival or adjust the service charge accordingly.

**Inappropriate Behavior Policy:** Reiki therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to Reiki whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited I may also file a report with the local authorities if necessary. You should always treat your therapist with respect and dignity and you will be treated the same in return.

**Privacy Notice**

I understand that all of of my records will be kept confidential and will not be released without my written consent. I understand that I have the right to request restrictions on certain uses and disclosures of my health information No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

**By signing below, you agree to abide by these policies**

Client/Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_