

Legal Notice Disclaimer
Energy, Sound, Transfiguration, and Shamanic Energy Work
Request and Consent Form

The mysticlakestudio.com website is only designed for general educational and informational purposes and does not render medical advice. The information provided through the mysticlakestudio.com website should not be used for diagnosing or treating a health problem or illness. It is not a substitute for professional health care and is designed to support, not replace, your relationship with your health care provider.

If you have or suspect you may have a health problem, consult your healthcare provider. Call your doctor or emergency services immediately if you have a medical emergency.

Before any energy, sound, transfiguration, and Shamanic energy work is done, you must sign the consent form that indicates that you understand that any energy, sound, transfiguration, and Shamanic energy work done by Robbin R. Mccrum—Mystic Lake Studio, LLC, is not a physician/patient relationship with you. It will not provide a medical diagnosis, prescribe medicine, give psychotherapy for any physical, emotional, or mental illness, and is not a substitute for medical treatment. You can seek medical attention for any physical, emotional, and mental ailments as needed. None of the energy, sound, transfiguration, and Shamanic energy work is reimbursable by medical insurance.

By Signing Below, I hereby represent and agree as follows:

- I am over 18 years of age or the parent or legal guardian of the subject of the energy, sound, transfiguration, and Shamanic energy work.
- I wish to obtain energy, sound, transfiguration, and Shamanic energy work.
- I understand that no physician-patient relationship is established through my participation in this energy, sound, transfiguration, or Shamanic energy work.
- I understand that the energy, sound, transfiguration, and Shamanic energy work is not psychotherapy.
- During and after the energy, sound, transfiguration, and or Shamanic energy work, a list of available options or solutions will be described. Still, I agree that before undertaking any of these options or solutions, I can consult my physician or other health care practitioner whose care I am currently under.
- I acknowledge by signing this form that I have not been hospitalized for psychiatric reasons within the last three years.

- I understand that Robbin R. McCrum, Mystic Lake Studio, LLC, reserves the right to refuse to do energy, sound, transfiguration, and Shamanic energy work or end a session anytime and will not bill you for her time.
- I understand that any energy, sound, transfiguration, and Shamanic energy work provided is not a medical diagnosis, medical treatment, or medical advice.
- I understand that as an energy medicine practitioner, energy, sound, transfiguration, and Shamanic energy work will not provide prescription, treatment, or psychotherapy.
- I understand that medical insurance does not reimburse energy, sound, transfiguration, and Shamanic energy work.
- Cancellation Policy: 48 hours before your scheduled appointment time.

Print Name

Signature

Print Name - Parent or Legal Guardian Signature - Parent or Legal Guardian

Date_____

Address_____

Phone_____

Appointment Date/Time_____

Disclaimer and Consent Form must be signed to schedule and confirm an appointment. This form will be e-mailed and faxed to you when making an appointment. Please fax the completed form to 208-263-9056 and e-mail it to mysticlakestudio@aol.com

Robbin R. McCrum—Mystic Lake Studio, LLC—Energy, Sound, Transfiguration, and Shamanic Energy Work - 2024