

REIKI CONTRACT

S P I R I T U A L R E M O T E H E A L I N G

I UNDERSTAND THAT REIKI IS A JAPANESE FORM OF RELAXATION. A SIMPLE, GENTLE, ENERGY TECHNIQUE THAT IS USED FOR ALLEVIATING STRESS, PAIN MANAGEMENT, STRESS REDUCTION AND DEEP RELAXATION. I UNDERSTAND 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. 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 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 OFTEN 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.

I UNDERSTAND THAT THE PRACTITIONER WILL BE REMOTELY SENDING ENERGY TO ME/ MY PET FOR THE DURATION OF MY REIKI SESSION(S) (1 HR).

PRIVACY NOTICE: NO INFORMATION ABOUT ANY CLIENT WILL EVER BE DISCUSSED OR SHARED WITH ANY THIRD PARTY WITHOUT WRITTEN CONSENT.

SINCERELY,

Kristina McKinney

CEO

CLIENT FULL NAME (REQUIRED) _____

CLIENT SIGNATURE (REQUIRED) _____

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