



## **Informed Consent for Services**

### **Introduction to Energy Medicine Services**

Welcome to my practice, where I offer energy medicine services designed to support your overall well-being by balancing the body's energy systems. This document provides important information about what you can expect from our sessions together, as well as the scope and limitations of the services provided. Please read this carefully and feel free to ask any questions you may have. Your signature at the end of this document indicates your understanding and agreement with the terms laid out.

### **Understanding Energy Medicine**

Energy medicine is an approach that focuses on balancing and revitalizing the body's natural energy systems to enhance health, mental clarity, and vitality. The techniques I use stem from a variety of traditions and have been modernized to fit contemporary practices. While these techniques aim to promote overall wellness, they are not a substitute for conventional medical or psychological treatment.

### **Scope and Limitations**

It's important to clarify that, despite the use of the term "medicine," energy medicine is not equivalent to conventional medical care. As a practitioner, I do not diagnose, treat, or cure medical or psychological conditions. Instead, my role is to support your body's energy balance as a complement to any medical care you are receiving from licensed healthcare providers.

If you are currently under the care of a healthcare professional for a specific condition, it is recommended that you continue that care while engaging in energy medicine practices. My services are intended to work alongside traditional treatment, not replace it.

### **What to Expect in Our Sessions**

Our sessions together will focus on practices that help to balance and enhance the flow of energy in your body. These may include light physical touch, movement of hands within your energy field, and other techniques aimed at restoring energetic harmony. Sessions typically last between 60 to 90 minutes, depending on the specific modalities being used and your individual needs. You will remain fully clothed during these sessions, with the exception of removing your shoes.

If at any point during a session you feel uncomfortable with a particular technique or touch, please let me know immediately, and I will adjust or stop as needed.

***Respecting Time:***

Please arrive on time for your scheduled appointment. If you are late, the session will still end at the originally scheduled time to ensure that I can accommodate other clients. If you know you will be late, please inform me as soon as possible.

***Cancellations:***

If you need to cancel or reschedule your appointment, please notify me at least 24 hours in advance. Cancellations made with less than 24 hours' notice may incur a fee. This policy allows me to accommodate other clients and maintain my schedule effectively.

***Payment:***

Payment is due at the time of service, unless other arrangements have been made. I accept cash or Venmo only. Packages and memberships must be paid in full upfront. Any outstanding balances must be settled before scheduling additional sessions. Fees for a 60 minute Reiki session are \$100, and a 90 minute energy medicine balancing session are \$150, due at the time of service.

**Waiver of Liability**

I acknowledge that I am voluntarily participating in energy medicine sessions with full knowledge that there is no guarantee of specific results. I agree to release, indemnify, and hold harmless Kate Sambuco, doing business as Think Happy Thoughts Wellness, from any and all claims, liabilities, or damages that may arise from my participation in these sessions.

**Informed Consent**

By signing this document, I confirm that I have been fully informed about the nature of energy medicine, including the potential benefits and risks. I understand that these sessions are not a substitute for medical or psychological treatment, and I have chosen to participate with full knowledge and understanding. I understand that Think Happy Thoughts Wellness makes no guarantees about the results of energy medicine sessions, as each individual's experience is unique, and outcomes may vary.

**Working with Minors**

When working with clients who are minors (under 18 years of age), it is important to ensure that their parents or legal guardians are fully informed and have provided consent for services. Here are key points regarding working with minors:

***Parental/Guardian Consent:*** Before any session, written consent must be obtained from a parent or legal guardian. This consent acknowledges that they understand the nature of energy medicine and the scope of services provided.

***Presence of Parent/Guardian:*** Depending on the minor's age and comfort level, a parent or guardian may be required to be present during sessions. This will be discussed and agreed upon prior to the first session.

***Confidentiality:*** While confidentiality is a cornerstone of the client-practitioner relationship, parents or guardians may have the legal right to access information about the sessions. I will discuss with both the minor and the parent/guardian what information will be shared to maintain trust while complying with legal requirements.

***Communication:*** I encourage open communication between the minor, their parent/guardian, and myself to ensure that the minor's needs are being met effectively while respecting their privacy and autonomy as appropriate for their age.

## **Health Information Disclosure**

I agree to disclose any relevant health information that may impact the services provided. I understand that failure to disclose such information may affect the outcomes of the sessions.

## **Consent for Touch**

I understand that energy medicine techniques may involve light physical touch. I consent to such touch during the sessions, understanding that I may withdraw this consent at any time.

## **Termination of Services**

Either the client or practitioner may choose to terminate the professional relationship at any time. If I determine that my services are no longer beneficial or appropriate for you, I will inform you of this decision and may refer you to another professional who may better meet your needs. Additionally, if there are issues such as harassment, inappropriate behavior, or if I suspect that anyone in the session is under the influence of substances, I reserve the right to terminate the session immediately. You will still be responsible for full payment of the session if it is terminated under these circumstances.

## **Confidentiality and Information Sharing**

Your privacy is important to me. All personal information and session details are kept strictly confidential. I do not share any client information with third parties unless required by law or under specific circumstances outlined below:

1. **Legal Requirements:** If there is a legal obligation to disclose information, such as in cases of suspected abuse, neglect, or harm to yourself or others, I am required by law to report this to the appropriate authorities.

2. Court Orders: If I receive a court order demanding the release of session information, I may be required to comply.

3. Harm to Self or Others: If I believe there is a serious risk of harm to you or someone else, I may need to share relevant information with the appropriate parties to ensure safety.

In any situation where disclosure of information is necessary, I will make every effort to discuss this with you beforehand, unless circumstances prevent it.

## **Our Professional Relationship**

### ***Communication and Questions***

I encourage open communication, so please feel free to ask questions about any aspect of our work together. Understanding the methods used can be a key part of your experience, and I'm here to explain anything that may not be clear. If you have any concerns about our work together, I hope you will share them with me so that we can address them directly. If, after our discussion, you feel that your concerns have not been resolved, you are free to seek further advice or file a complaint with the relevant professional organization

### ***Touch and Boundaries***

The techniques I use often involve touch, which is intended to support the energetic processes we are working with. I will always explain where and why I might need to touch you during a session, and I will respect your comfort level at all times. Please inform me if you prefer not to be touched, and I will modify the session accordingly.

## **Consent and Agreement**

By signing below, you acknowledge that you have read and understood this document, and that you agree to the terms of our professional relationship.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (if applicable, Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_