

Consent to Participate in Reiki Treatments and (various therapies)

I, _____, consent to engage in Reiki Treatments, along with therapy for my health, mental, and emotional health. I understand that Reiki is an energy healing modality that can be given to the client via practitioner in an in-person session where the client is fully clothed or can be sent at a distance. I understand that a therapy session is to discuss in detail emotional, mental, Spiritual, and physical matters in order to help process and heal and is done before and of after Reiki. I understand that what is discussed in therapy may be addressed during the reiki treatment in the form of a mental treatment. This will be discussed and agreed upon in advance.

I understand that touching of the body is necessary as part of the Reiki treatment with the hands of the practitioner laying hands very lightly in a non-evasive manner on the client's body, torso, head, and back of body. If I do not wish to be touched, I will initial the consent form here (Initials: _____) so that a joint decision can be made about whether it is appropriate to continue the practice with that limitation. I also understand that Reiki can be sent at a distance to the client, in which the client will not receive in person reiki treatment.

I understand that my Reiki Practitioner is not a licensed physician, that the Reiki treatments provided is complementary to licensed healing arts, and that the practices are not licensed by the State of California. The qualifications of my Reiki training is noted with documentation of Reiki Certificate training.

I understand that information obtained regarding my health or personal history will be treated as privileged and confidential by my therapist and will not be released or revealed to any person without my express written consent, except as required by law. I understand that my therapist may consult with other Reiki practitioners or health professionals about my progress to help improve my treatment. In doing so, my identity will not be revealed. I understand that I am encouraged to ask questions and discuss my progress with the therapist at all times.

I agree to compensate my Reiki Practitioner and verbally agreed upon amount at the end of each session.

Name

Signature

Date