

In Person Reiki Treatment Consent Form

Client's Full Name:	
Date & Time of Reiki Treatment:	

Disclaimer

I hereby give my consent to participate in this in person Reiki Treatment Session and understand that the services provided by **Michelle Cherniy** are intended to provide relaxation and reduce stress.

I understand completely that the services provided during this Reiki Treatment Session are in no way a substitute for traditional medical treatment or advice. I am fully aware that **Michelle Cherniy** will not offer any diagnosis or recommend any Medical Treatment or Prescribed Medication.

I understand that I must continue to have regular medical check-ups as part of my overall personal health care plan; and I should contact my own certified and licensed medical physician/doctor/health care professional for any physical or psychological ailments or concerns that I may have in order to get proper medical advice.

I agree and understand that my participation in this Reiki Treatment Session is voluntary and that at any time during the Session I can choose to end my participation. I also understand that I may experience 'self-healing reactions' during the 48 hours following the Reiki Treatment Session.

I understand that any information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential and will not be shared with anyone without my written permission.

Finally, I understand that by providing this informed consent I am assuming full responsibility for participating in this Reiki Treatment Session and I hold harmless both **Michelle Cherniy** and the facility/location where the services are provided.

I agree to the terms and conditions set out by this In Person Reiki Treatment Consent Form and certify that the above information is true and correct.

Client's Signature:	
Reiki Practitioner's Signature:	