HIR Reiki™ | Session Consent & Preferences

Heart Illuminating Reiki™ • Jenny Darlin • love@jennydarlin.com

A little clarity before we begin

HIR Reiki™ is a spiritual wellness and relaxation practice. A session may involve quiet rest, guided attention, and hands held above or gently placed on the body when you consent. Some sessions may also include optional sound, crystals, scent, or intuitive reflections. You can ask questions, change your preferences, pause, or stop at any time.

HIR Reiki™ is not a medical or mental health service. It does not diagnose, treat, cure, or prevent disease and is not a substitute for qualified healthcare care. Experiences vary, and no specific result is promised.

Your session preferences

Please mark your choices. We will check in together before beginning; any preference can change during your session.

Gentle hands-on touch: [ ] Yes [ ] No - hands above the body only [ ] Please discuss with me first

Sound instruments or sound meditation: [ ] Yes [ ] No [ ] Ask me first

Crystals placed near or on the body: [ ] Yes [ ] No [ ] Ask me first

Scent, essential oils, or incense: [ ] Yes [ ] No [ ] Ask me first

Intuitive impressions or spiritual language during the session: [ ] Yes [ ] No [ ] Ask me first

Comfort, boundaries & information

Please tell me about sensitivities, allergies, touch boundaries, mobility/accessibility needs, or anything relevant to your comfort. Share only what you wish; I may adjust or decline a technique for safety. No client photos, recordings, testimonials, or personal stories will be shared publicly without separate permission.

Anything you would like me to know (optional): _____

_____

My acknowledgment

By signing below, I confirm that I have read this information, had the opportunity to ask questions, understand the nonmedical nature of HIR Reiki™, and voluntarily agree to participate in a session. I understand I can withdraw consent at any time. My choices above relate only to this session; they are not permission for marketing or recording.

Client name: _____ Date: _____

Client signature: _____

Practitioner: Jenny Darlin | Date of session: _____

For clients under 18, obtain consent from an authorized parent or guardian and the young person’s assent. This draft should be reviewed for your actual practices and applicable requirements before use.