



Good Vibez

WELLNESS CENTER

CLIENT DISCLOSURE FORM

As a Certified Crystal Healer, I would like to welcome you to our practice and provide some information relevant to our relationship and your experience during the energy healing process. Along with all other information you receive from me during your initial intake, please read this information carefully, as both myself as healer and you as client must sign this disclosure before we begin. Although not required, I will attempt to keep a copy of this disclosure and all other paperwork in my records for up to three years.

Crystal or Vibrational Treatment

The purpose of a crystal or vibrational healing session is for mental and spiritual well-being. My method of treatment – energy healing – is an alternative or compliment to healing arts otherwise licensed by the State. We will use a variety of techniques to facilitate well-being and clarity in the moment, while promoting long term self-reliance through practical techniques to help raise consciousness, clear confusion, recognize intent, interpret meaning and quell doubt.

If you ever have any concerns about the nature of your treatment, you are free to discuss them with me at any time. As I am committed to monitoring your progress, I ask that you please bring any new information affecting your treatment as soon as practical. You are entitled to stop treatments at any time, with or without reason, and I recommend that you inform your medical doctor that you are receiving energy healing treatment. While I will use my best efforts during our sessions, I cannot guarantee any particular outcome as results vary from person to person.

State and Federal Law

I am not a licensed physician, nor are energy healing services licensed or controlled in most states. As your healer, I am responsible for knowing any applicable State and/or Federal laws that may apply to me, and for disclosing those laws to you. Since it is likely that any laws regarding crystal healing will change over time, I also encourage you to research and stay informed on current laws and to bring any changes to my attention.

Requirements to be a Certified Crystal Healer

In addition to my commitment to a professional Code of Ethics, I completed a sequence of classes through the Certification Program and achieved a passing average grade of 75% or higher on the required corresponding assignments. Further, I was required to perform healing sessions reviewed by my instructor and clients for effectiveness and professionalism, and otherwise encouraged to continue hands-on training in my practice. I received an Official Certificate of Completion to be qualified to use the letters CCH after my name and earned 18 Continuing Education Units with the National Certification Board for Therapeutic Massage & Bodywork. If you have not already done so, you may request to see my Certificate at any time or a current list of my other qualifications.

Healer's Qualifications

In addition to my certification, as well as continuing efforts to educate myself on the techniques used in my practice, my other qualifications include: Usui Reiki Master, Certified 2nd Level QHHT Past Life Regression Practitioner through Dolores Cannon.

Healer's Commitments to You

As a Healer, part of my certification process through the Hibiscus Moon Certification Process included commitment to a Code of Ethics that requires professionalism, safety, and consistency in all healing practices. Thus, in my practice of the Hibiscus Moon Crystal Healing Method, and as a Certified Crystal Healer.

Governing Law/Venue

This Disclosure is governed by and to be construed in accordance with the laws of the United States and the State of California and any claim, action, or suit that arises out of or relates to performance of healing services shall be brought and conducted solely and exclusively within the State of California, venue being proper in whatever county the primary office providing healing services is located.

Healer Commitment in Providing Services

The Disclosures made here are accurate to the best of my knowledge and reflect my commitment to your healing as my client. I will at all times endeavor to abide by the Code of Ethics I have adopted for myself. I will work with you in your energy healing to reach the goals you have set for yourself and will not interfere with your own personal beliefs or energy efforts. If at any time I feel it necessary or advisable, I will discontinue our healing sessions to prevent any harm to you, to myself as healer, or to my healing practice. I have made these disclosures voluntarily and, while I make no representations that the information contained herein will remain accurate during the duration of our healer-client relationship, I will work within the terms of this disclosure as far as I am able.

Healer Signature

Healer Full Name

Date

Client Acknowledgment and Consent to Receive Services

I have read and understand the above Disclosure about the energy healing treatment offered and have discussed with my healer the nature of the services to be provided. I consent to and affirm all the terms included in this Disclosure, and agree to read all material provided to me regarding my healer's practice. I understand my healer is not a licensed physician and that energy healing services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself with a medical doctor. I have consented to use the services offered, and agree to be personally responsible for all fees charged in connection with the services provided to me.

Client Signature

Client Full Name

Date

INTAKE CONSENT FORM

This Intake and Consent Form has been given to you to provide valuable information in assisting your healing. While sharing most information in this Form is voluntary, you must fill out the contact information immediately below, as well as sign and initial the consent at the end of this Form, for us to work with you. In addition to personal information, you are asked to disclose current and past medical history protected by the Health Insurance Portability and Accountability Act. As such, you have certain privacy rights in this information and, in compliance with the law, our HIPAA policy is attached to this form. All information we obtain about you, whether written or shared verbally during session, and whether from you directly or another source, will be held in the utmost confidentiality. We will never share your information, medical or otherwise, without your express written consent and direction, unless otherwise required by law. While providing personal and medical information about you is entirely voluntary, without this information you may impair the progress of your sessions and potentially create risks to your health.

If you have any questions about how to complete this form, how we use your information, or what your rights are regarding your information, please ask your healer immediately before signing below.

Today's Date: _____

Client Full Name: _____

Date of Birth: _____

Email: _____

Preferred phone: _____

Alternate phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Person (Name & Phone Number):

MEDICAL CONDITIONS (CIRCLE ALL THAT APPLY):

Thyroid Disease

Heart Problems

Joint/Muscle Pain

Hypoglycemia

Inner Ear Problems

Asthma

Anemia

Depression

Diabetes

Allergies

Addictions

Eating Disorders

Anxiety Disorders

Cancer

Claustrophobia

Food Sensitivities

Headaches

Other condition(s):

PERSONAL BACKGROUND

Are you pregnant? **Circle:** Yes/No

What is your previous experience with crystal or vibrational healing? Please share.

Have you ever undergone counseling? Please share.

Do you meditate? Please share.

What is your most volatile or vulnerable emotion?

What issue(s) do you want addressed during crystal or vibrational healing?

I feel the following emotions frequently:

I cannot feel the following emotions often/well:

How would you describe your spiritual beliefs, if any?

What are your current expectations of crystal or vibrational healing?

Please check all that apply:

I have experienced crystal and/or vibrational healing before

I have experienced a Reiki session before

I have had an energy balancing session before

I know about chakras

I have used holistic remedies before

I have a spiritual path that I am consciously following

I have experienced trauma

I have difficulty adjusting to new situations and or people

I am generally uncomfortable with touch

I am generally uncomfortable expressing myself

I love myself

I accept myself

I am comfortable expressing myself

I feel like I belong

Consent and Release of Liability

Please initial next to each line below:

____ I am requesting the service from Good Vibez Wellness Center, a session, for the purpose of assisting me to access my own inner resources of healing energy so that I may learn to heal myself.

____ All information I have provided in this Intake and Consent Form is accurate to the best of my knowledge

____ I understand no guarantees or warranties are made to the effectiveness of crystal or vibrational healing, and take full responsibility for my expectations of the healing process.

____ I have been explained and understand the associated risks with my practice of crystal or vibrational healing, if any, and agree that it is my responsibility to seek any further information I feel I need.

I ____ did ____ did not provide medical information in this form, and ____ will ____ will not be giving permission to share this information with third parties.

____ I have been given the opportunity to read my healer's HIPAA privacy policy, and have read (or waived my right to read) and understand its contents.

____ I understand that, while certain medical options may be explained to me in the course of my healing, these explanations are in no way either a suggestion for medical treatment or any sort of prescription or medical directive, and do not constitute licensed medical advice. I waive any and all remedies I may have based on my own reliance on such information.

____ My wellness person signed a Client Disclosure Form in my presence such that I understand its contents and I accept its terms, without condition.

____ I agree to pay Good Vibez Wellness directly by _____
(method), at the time of service.

____ I agree to pay, whether or not Good Vibez Wellness has forgiven or waived a charge in the past, all the following non-refundable fees, without exception:

\$ _____ Appointments lasting 30 minutes.

\$ _____ Appointments lasting 45 minutes.

\$ _____ Appointments lasting 55 minutes.

\$ _____ All other appointments.

\$ _____ Late Cancellation (less than 24 hours before appointment time).

\$ _____ Bounced checks.

\$ _____ Per late payment, if/when accepted.

_____ I release Good Vibez Wellness, as well as any of his/her assistants or related business interests, from any and all liabilities or claims of any nature that may result my participation in crystal or vibrational healing, including but not limited to damages from my failure to pursue medical attention from a medical professional, for the exacerbation of any preexisting physical ailments I may have, and

By signing here, I agree to all these terms, and further bind my estate, heirs, and assigned to this release of liability.

Client Signature

Date