

INSIGHT FOR HEALTH AND HEALING
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Legal Disclaimer

I, _____ understand that the techniques utilized at *Insight for Health and Healing* are not intended to be a substitute or replacement for qualified medical advice, diagnosis, or treatment. This work is in no way intended to diagnose, prescribe, treat, or cure any physical or mental disease. It is not advised to discontinue or to avoid medical or psychological consultations. In fact, there are cases where medical or psychotherapeutic consultations may be advised. These techniques may accelerate the body's natural healing capacity, as a result, please work closely with your physician or medical provider to monitor your medical needs and/or need for medications.

Any spiritual counseling or mentoring provided is not part of any recognized religion, but instead offered from the viewpoint of an interfaith minister. Any information gained through intuitive means is for entertainment and educational purposes only. The techniques are used to balance bioenergetic systems thereby reducing stress and enhancing health. They are not intended as a substitute for regular medical care.

I understand that Reiki and bodywork is for the purpose of stress reduction, relief from tension, and increasing circulation. I have stated all my known physical, mental and medical conditions that may impact my chair/table based Energy Session(s). I further acknowledge that I may be refused treatment on personal cleanliness.

CANCELLATION FEE: If you cancel more than 24 hours prior to a session, your payment/online payment will be applied to your next purchase. If you cancel a session less than 24 hours prior to the session or do not show up, the fee will be retained in full.

Tina Mancusi, MSSW and Insight for Health and Healing make no guarantees regarding effectiveness or outcome of any healings or readings. I have read and understand the legal disclaimer above. I do not hold Tina Mancusi, MSSW or Insight for Health and Healing responsible for intuitive readings or energetic healings or bodywork completed on my behalf. Session information will only be shared among other trusted Energy Practitioners when consultations are deemed necessary.

Printed Name: _____

Signature: _____ Date: _____

In the case of a minor client:

Client's Printed Name: _____

Guardian's Printed Name: _____

Guardian's Signature: _____ Date: _____

Please take responsibility for your own health and healing journey