



INFORMED CONSENT POLICY

I _____ (print name) understand that the BodyTalk/BodyIntuitive session provided by this BodyTalk/BodyIntuitive Practitioner is intended to enhance relaxation, activate healing, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk and BodyIntuitive are non-invasive, safe, and objective. They activate the body's own innate healing potential to balance emotional, physical, and spiritual health.

I understand that BodyTalk and BodyIntuitive are not substitutes for medical treatment or medications. I am aware that the BodyTalk/BodyIntuitive Practitioner does not diagnose illness or disease nor does the practitioner prescribe medications. I am aware that my session transcripts can be used anonymously for training purposes (changing critical details so I am not identifiable) with my prior permission.

I have read, understood, and agreed to the above terms.

Signature

Date

Referred by