

**Client Information, Acknowledgement,
Release of liability and Consent to Receive Treatment Form**
(In accordance with California Senate Bill SB-577)



Holistic Healing House

"Enlightenment Healings with Spiritual Growth"

I, the undersigned, understand that in order to receive services from Holistic Healing House Org., I am required to sign this "Client Information, Acknowledgement, and Consent to Receive Treatment Form". By doing so, I agree to the following for all sessions that I receive now and in the future.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Holistic Healing House Org, Liliana Christensen, Rita Karen Lindgren and staff, against any and all claims or liability of whatsoever kind or nature arising out of or in connection with the service(s) provided.

I understand that Liliana Christensen and Rita Karen Lindgren have been trained by Dr. Anne Reith, Ph. D. from Impart Wisdom & Wellness Center and have achieved Reiki Master/Teacher and Karuna Reiki@ Master/Teacher levels. They are also licensed ministers from the ULC Seminary, members of Oklevueha Native American Church and Sai Maa Diksha practitioners. Liliana Christensen is also a Bach flowers practitioner and Rita Karen Lindgren is a Doctor of Spiritual Development from the ULC Seminary.

I understand that the healer providing service is not a licensed physician and that alternative healing approaches are not licensed by the State of California. These treatments are meant to compliment Western medical approaches provided by doctors, nurses, and other licensed medical professionals. Complementary healing arts, such as Energy Healing, Reiki and Spiritual Coaching, do not require licensing by the State of California.

I understand that further details in regards the California Senate Bill SB-577, which relates to the practice of complementary health practices are available at holistichealinghouse.org/california-bill-sb577 and If requested, I have been provided with a copy of California Senate Bill SB-577.

I understand the theory behind complementary healing arts, such as Energy Healing, Reiki and Spiritual Coaching sessions and the nature of the services which are explained on the Holistic Healing House website "holistichealinghouse.org" with further details at holistichealinghouse.org/faq

I have discussed with the healer providing service any concerns I have about the nature of the treatment that she/he will be providing, and If I experience any discomfort during the session(s), I agree to immediately inform her/him.

I understand that it is my responsibility to maintain a relationship for myself and/or my child with a medical doctor.

**Client Information, Acknowledgement,
and Consent to Receive Treatment Form**
(In accordance with California Senate Bill SB-577)



Holistic Healing House
"Enlightenment Healings with Spiritual Growth"

I understand that complementary healing arts, such as Energy Healing, Reiki and Spiritual Coaching are not a substitute for medical treatment or medications. I am aware that Holistic Healing House Org does not diagnose illness or disease nor does prescribe medications or recommend supplements. I understand that any suggestions that are provided to me should not be taken as a diagnosis or recommendation against the advice of a licensed physician or mental health professional.

I have consented to use the services offered by Holistic Healing House Org, and I agree to be personally responsible for their fees in connection with the services provided. I agree to make session cancellations by leaving a voicemail 24 hours before the scheduled appointment. I understand that if I fail to do so, I am still responsible for the full amount of the fees for that appointment.

I acknowledge that I have read this waiver and release and fully understand that it is a release of liability. I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Holistic Healing House Org, Liliana Christensen, Rita Karen Lindgren and staff.

I understand that Holistic Healing House Org will keep my records for three (3) years and If requested, I have been provided with a signed copy of the Client Information, Acknowledgement, Release of liability and Consent to Receive Treatment Form, in accordance with California State Law SB-577.

Print Name: _____

Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Holistic Healing House Org to administer Energy Healing/Reiki to my child or dependent as they deem necessary.

Parent/Guardian Signature:
