

SAMPLE B
HEALING TOUCH CONSENT FORM

SHARING INFORMATION and CONSENT for a HEALING TOUCH SESSION
(Sample for Healing Touch Students, and Healing Touch Practitioner Apprentices)

TELL your clients a little about you. Start your professional dialogue and relationship as a Healing Touch provider.

WHY I AM BECOMING A HEALING TOUCH PRACTITIONER

While care giving for friends and family who suffer from extensive and serious, chronic mental and physical illness, I began to search outside of the traditional Western model to see what alternative or complementary healing modalities exist. I wanted to understand and evaluate their effectiveness and technique. In this process I have found a unique opportunity to rethink ideas around illness, healing, and pain, and to understand the connection of these concepts with my personal and spiritual growth. I have a passion to share what I have learned and to work toward alleviating the pain and suffering of others. I have found Healing Touch to be an exciting and extremely beneficial healing technique, which I used everyday in providing relief for my mother who suffered from Alzheimer's for many years.

CURRENT HEALING/EDUCATIONAL CREDENTIALS

- I have completed an Energy Medicine study and certification training with Donna Eden, a medical intuitive and author of the book, *Energy Medicine*.
- I have studied with of Dr. Eric Pearl, Chiropractor and author of *The Reconnection*. I attended his coursework level I/II/III to become a practitioner of individual Reconnect Healing sessions and *The Reconnection*.
- I am currently completing Level 3 training of Healing Touch. I intend to complete all five levels through Program Completion and then go on to receive the Healing Touch Program Practitioners' International Certification in 2008.
- I hold a traditional B.S. in Education from Ohio University and an M.A. in History from Columbia University.

CLIENT CONSENT FOR HEALING TOUCH SESSIONS

I hereby agree to participate as a subject in the practice and demonstration of Healing Touch sessions with the Healing Touch Practitioner Apprentice, Jane Smith, who is being mentored by a Certified Healing Touch Practitioner. After a thorough initial discussion with her, I understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch.

I was informed the purpose of a Healing Touch treatment is to facilitate harmony and balance in the energy system creating an optimal environment for the body's innate tendency for healing to occur. Healing Touch complements and supports other traditional, medical, and health treatments.

I understand that these Healing Touch sessions are not diagnostic nor do they guarantee any cures, and I understand a practitioner does not interfere with any directions from a qualified healthcare provider.

I understand that these sessions are confidential and that any discussion about the work might be used anonymously for teaching and training purposes only, subject to the usual exceptions governed by laws of the State of Ohio or federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Jane Smith from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

By signing below I fully consent to receiving Healing Touch sessions, and commit to being open and involved in the study, learning, and practice of Healing Touch as offered by the above named student, or apprentice.

DATE _____

SIGNED _____

PRINT NAME _____