



INFORMED CONSENT FORM

I, _____, (print name; if a minor, include name of responsible party) understand that the Holistic BodyTalk energy balancing session provided by Debra K. Brandts is intended to enhance relaxation and increase communication within areas of the body.

I understand that the BodyTalk System is not a substitute for medical treatment or medications. I understand that the Holistic BodyTalk energy balancing practitioner is not qualified to perform spinal or skeletal adjustments, make medical diagnoses, or make medical prescriptions, and that nothing said in the course of the session(s) should be construed as such.

I understand that participation in a BodyTalk session is voluntary and that at all times I may choose to end my participation. In addition, BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk practitioner will inform me where tapping and/or touching by the practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that any information exchanged during the session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my BodyTalk session and I hold harmless the BodyTalk practitioner, health clinic, and facility/location where the session is provided.

I affirm that I have stated all my known medical conditions, and answered all questions honestly and completely. I agree to keep the Holistic BodyTalk energy balancing practitioner updated as to any change in my medical profile, and understand that there shall be no liability on the Holistic BodyTalk energy balancing practitioner's part should I fail to do so.

I give my permission for the use of appropriate equipment (like bolster, blankets, etc.) to be used in the session as an aid to the practitioner or to ensure my comfort.

Payment by cash, check or credit card is due at the time of the service. Since time has been especially reserved for me, I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.

If I have any questions or concerns, I will address these promptly with the BodyTalk practitioner. I hereby authorize Debra K. Brandts to provide me with BodyTalk sessions.

Signature _____ Date _____

Client (or, if a minor, parent or guardian)

Address _____

Phone Number(s) _____ Email _____

Practitioner's Signature _____ Date _____