

- CLIENT CONSENT -
Please read carefully and completely

I understand that any Vibrational Energy Healing work that I consent to is for the purpose of relaxation, stress reduction, and the relief of tension. If I experience any pain or discomfort during a session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort.

Due to the nature of some of the modalities offered, the result may be substantially affected by any previous or existing condition. Therefore, in my own best interest, I have disclosed to the best of my knowledge all information concerned with my overall state of being. I will also continue to update the practitioner as to any changes in my profile, understanding that all information are to be kept in their professional confidence.

I understand that the delicate balance of human physiology may be altered by any healing modality administered. Also, as the physical, mental, emotional and spiritual Self is inseparable connected, I may experience transformations in these other areas as well. Further, I acknowledge the practitioner to be duly certified and / or licensed for all practices dealing with my session. Therefore, I acknowledge the professional manner in which any techniques will be performed, and I accept the responsibility for my results.

I understand that I may experience changes during and after a session that may feel uncomfortable. I take responsibility for my actions to call my practitioner when I feel that is necessary for me to clarify the changes that I am going through and to seek follow-up care or ask any questions that have been brought up due to a session. I further understand that it is not only my right as a client to follow-up care, but that it is my responsibility and obligation to myself and to the success of my healing process to notify my practitioner of any complications that arise.

Any Vibrational Energy Healing that I receive will not be construed as being any type of conventional medicine, chiropractic care, or psychoanalysis. For any such needed alternate treatments, I will seek professional help. I understand that any services rendered in my behalf are not performed in a sexually suggestive atmosphere.

Should herbs, supplements, flower remedies, homeopathic solutions or essential oils be deemed applicable to my treatment, I understand that my use of such remedies is not a treatment for any specific disease condition or illness. I further understand that I use these remedies based on the biofeedback results that I have received from my own body and not due to any suggestion made by the practitioner. I am personally responsible for my actions and release Lucia Soppe and all associated practitioners from responsibility or liability for any deleterious effects associated with the ingestion or application of these herbs, supplements, remedies, solutions and/or oils to my bodily person.

Policy notice:

Payment for services is due at time of treatment unless prior written agreement has been entered into; e.g. Retainer contract, or other form of payment contract. Cancellation of appointments requires 24 hrs. notice or a \$75.- fee will be incurred. Signed : _____

I have read and do fully understand all points of this document, and hereby consent to the care of the practitioner as of this date and extending to all future dates of treatment.

Signature _____

Date _____