

# 腹 hara studio

## CLIENT CONSENT FORM

Dear \_\_\_\_\_

Date \_\_\_\_\_

Welcome to Hara Studio.

I am a graduate of the Brennan School of Healing Science. The work that I do helps to clear and charge the human energy field, to remove energetic blocks that may lead to dis-ease, and to enhance the body's natural healing capability. I will be doing healing energy work with my hands on the body and also through the Human Energy Field which surrounds the body. The work is done fully clothed and lying on the healing table.

I do not medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving.

Self-care is an extremely important part of this work and is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend that you refrain from using alcoholic beverages for 24 hours following our session.

Any information you share with me during our session is always kept confidential. I may, however, discuss clients, without mentioning their names, with my professional supervisors for the purpose of continuing professional development and so that clients may receive the best assistance available.

If you wish more information about the Brennan Healing Science please read Hands of Light® or Light Emerging® by Barbara Ann Brennan. You will find the ethics statement of my healing profession at the website [www.barbarabrennan.com](http://www.barbarabrennan.com).

Each healing session will last approximately 60 minutes. Payment is \$90 per hour session and is due at the time of the session. I require you give me 24 hours cancellation notice or you will be required to pay for the session in full. In signing the acknowledgement below, you agree that I may work with you in the above described manner. I am happy to answer any questions and I also encourage you to express any concerns you may have.

## ACKNOWLEDGMENT AND CONSENT FOR TREATMENT

I have read and understand the information provided by Kim Lohan and freely elect to have her work with me in the above described manner. Furthermore, it is acceptable to me to have the information about my healing session shared (without my name or any identifying information) with professional supervisors, as necessary for the healer's professional development.

Signed \_\_\_\_\_

PARENT/GUARDIAN ACKNOWLEDGEMENT AND  
CONSENT FOR TREATMENT OF A MINOR

I have read the Client Information Letter of Kim Lohan and am satisfied that I sufficiently understand the nature of the services she provides. I give permission to Kim Lohan to work with my child, \_\_\_\_\_, in the above-described manner.

Signed \_\_\_\_\_ (Parent or legal guardian)

Date \_\_\_\_\_