

New Leaf Acupuncture & Reiki - Voluntary Consent Form for Reiki

I hereby request and consent to Reiki treatment by Wendy Taylor, a Reiki Master. I understand that Reiki serves individuals with a wide range of complaints, including both acute and chronic healthcare issues. No guarantees concerning its use and effect are given to me.

I have been informed that Reiki is a safe method of treatment with no known side effects. I understand that Reiki is neither medical treatment nor massage, nor can it harm the body in any way. It does not interfere with traditional medical treatment. Reiki provides a natural source of restorative energy and relief from stress.

I understand that if there is an emergency, a worsening of my health condition, or a new ailment or condition arises, that I should consult a licensed physician.

I understand that administrative staff may review my patient records, but all of my records will be kept confidential and will not be released without my written consent. I understand that I have the right to request restrictions on certain uses and disclosures of my health information.

By voluntarily signing below, I show that I have read carefully, or have had read to me, this form and understand its provisions. I have felt free to ask any questions about this form and the proposed services and have received satisfactory explanations. I intend this consent form to cover this and any future Reiki sessions with Wendy Taylor. I understand that I am free to discontinue services at any time.

Payment & Cancellation Policy

In an effort to provide you with professional and personalized holistic healthcare, I reserve your appointment time exclusively for you. If you need to cancel or postpone your session, kindly call me at 202.997.0925 at least 24 hours in advance or else you will be charged the full fee for the missed session. Illness and family emergency are exempt. If you are not feeling well the day of your session, please call me ahead of time to discuss whether it would be appropriate to receive treatment that day. The charge for a returned check is \$30.

Printed Name of Patient	Signature	Date
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Address	City	State	Zip
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Primary Phone - Circle one: cell home work	Alternate Phone - Circle one: cell home work
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E-mail Address	Date of Birth	Occupation
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I consent to receive appointment reminders via email: Yes ___ No ___

Please email me about free Reiki Intro/Demonstrations, Reiki classes, and similar updates: Yes ___ No ___

Referred by: _____ May I thank them for the referral: Yes ___ No ___