

Distant Reiki Treatment Consent Form

Clients Full Name:	
Date & Time of Distant Reiki Treatment:	

Disclaimer

I hereby give my consent to participate in this Distant Reiki Treatment Session and understand that the services provided by my chosen Reiki Practitioner are intended to provide relaxation and reduce stress.

I understand completely that the services provided during this Distant Reiki Treatment Session are in no way a substitute for traditional medical treatment or advice. I am fully aware that my chosen Reiki Practitioner will not offer any diagnosis or recommend any Medical Treatment or Prescribed Medication.

I understand that I must continue to have regular medical check-ups as part of my overall personal health care plan; and I should contact my own certified and licensed medical physician/doctor/health care professional for any physical or psychological ailments or concerns that I may have in order to get proper medical advice.

I agree and understand that my participation in this Distant Reiki Treatment Session is voluntary and that at any time during the Session I can choose to end my participation. I also understand that I may experience 'self-healing reactions' during the 48 hours following the Distant Reiki Treatment Session.

I understand that any information exchanged during any 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 strictly confidential and will not be shared with anyone without my written permission.

Finally, I understand that by providing this informed consent I am assuming full responsibility for participating in this Reiki Treatment Session and I hold harmless both my chosen Reiki Practitioner and the facility/location where the services are provided.

I agree to the terms and conditions set out by this Distant Reiki Treatment Consent Form and certify that the above information is true and correct.

Clients Digital Signature:	
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Reiki Practitioners Digital Signature:	
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