

CONSENT FORM - CAROL EARLE CBP

Informed Consent for Energy Healing Treatment

1. I, _____, have received information and understand that BodyTalk /Energy Healing is a holistic complementary and integrative energy based therapy that is accomplished through the use of contact and/or non-contact touch. Therefore, I hereby give my consent for Energy Healing Treatment in which light touch or no touch on my body may be used. I also give my consent for **Carol Earle** to use any or all of her certified modalities (BodyTalk, Healing Touch, Reiki, Crystal Healer, Facial Reflexology, Angel Card Reading, Touch for Health, Chromalive Colour Therapy & Certified Holistic Life Coach) in my treatment. Children under the age of 18 will be accompanied by parent/guardian during the session.

2. I understand that Energy Healing/Medicine is a Complementary Modality that in no way substitutes for appropriate Medical Treatment intervention, body therapy or psychotherapy. I also understand that **Carol Earle** will make suggestions for my self-care and referrals based on her wide experience.

3. I recognize that there is a close working partnership between me and **Carol Earle** that permits me to share my ideas, perceptions and opinions readily. In this manner any misunderstandings can be cleared up immediately. I understand that our conversations will be held in strict confidence except regarding my own personal protection, self harm or harm to another person which will be reported to the appropriate authorities.

4. I have been informed that **Carol Earle** will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Energy Healing sessions that I received.

5. I have been informed that **Carol Earle** is not licensed to practice medicine in Ontario, Canada. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have. I further understand that **Carol Earle** is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

6. I further understand that there are numerous benefits **possible** through Energy Healing such as diminished pain sensation, increased relaxation, relief from anxiety and enhanced sense of well being. These effects I understand may **vary** depending on each individual's response patterns. Although there are no known harmful effects from this type of intervention, I hold my Practitioner (**Carol Earle**) harmless from any possible effects that may cause any discomfort and agree to take full responsibility for my self-care and personal development.

7. Energy Healing Therapy (**Carol Earle**) does not work through WSIB or MVA or any other medical or legal claims involving third parties.

8. Payments are to be made in either e-transfer or cash form. A receipt will be issued to you following treatment should you want one. Receipts are not eligible for insurance reimbursement.

9. Please be considerate and **allow 24 hours notice if you are unable to make your appointment** so that others may receive treatment in your place.

Missed appointments without notice will be issued a full charge of the time scheduled, except in the event of severe illness or family emergency.

10. In cases of those arriving late for their appointment, it is fully understood that **only the time remaining for your scheduled treatment will be allotted.** Please do not bring food or wear perfume, as some clients suffer from severe food allergies and are sensitive to aromas. Do not consume alcohol prior to or immediately after your treatment. If a client is under the influence of drugs or alcohol, or is found to be abusive in any physical or verbal manner towards the therapist (**Carol Earle**), treatment will be immediately terminated and the police will be notified.

Distance/Remote sessions are paid at time of booking, prior to your healing session.

I give my consent to receiving an Energy Healing Treatment from **Carol Earle**.

In signing this form I am fully aware and agree to all terms and conditions outlined in this document.

Print Name _____

Client Signature _____ Date _____