CLIENT CONSENT FORM

My Status and Scope of Practice

Hello, my name is Jilon Kramer and I use various techniques that are gentle, complementary, energy based approaches to health and healing that can assist in bringing your body to its natural ability to heal. I do not diagnose or treat disease and I am not a physician. These sessions are not a substitute for diagnosis or treatment from a qualified health practitioner for illnesses, injuries, or other medical conditions. My services are not licensed by the state of Wisconsin nor the state of Arizona.

Basic Approach / Description of a Session

I consciously use my hands in an intentional way to support and facilitate physical, emotional, mental and spiritual health and healing. This is accomplished through the use of contact and/or non-contact touch.

During a session, I will gently place my hands on or above your fully clothed body noting any sensations or imbalances to assess the energy field. I then choose a technique (including, but not limited to, techniques from Reiki classes and Healing Touch Program Levels 1, 2, and 3) that is appropriate for your needs. Once I am done, a feedback discussion will follow.

Confidentiality / Client Rights

Your experiences during your sessions are confidential, and you have a right to view your files upon written request. Confidentiality is subject to the following exceptions:

1. You may instruct me to release information to other health care practitioners in writing.
2. I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (including circumstances where there is clear and imminent danger to yourself or another person).
3. Your confidential personal file is kept in a secure location and is retained for 7 years after you suspend services after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

ACKNOWLEDGEMENT, CONSENT, CLIENT PRIVACY RIGHTS

I have read and understand the above disclosure regarding the services offered by Jilon Kramer. I understand the nature of the services to be provided. I understand that she is not a licensed physician and that her services are not licensed by the state of Wisconsin. I understand it is my responsibility to maintain a relationship for myself with a medical doctor, if I so desire. I further understand that the above named is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

I have read and understand the above disclosure regarding privacy policies and confidentiality, and that experiences during these sessions are confidential, but subject to the usual exceptions governed by laws of the State of Wisconsin, the State of Arizona, and other federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Jilon Kramer from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). I have been informed that she will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the sessions that I receive.

I fully consent to use the services offered by Jilon Kramer.

I understand that by clicking the following box, this is considered my signature and agreement to the above. ☐

Name: _____ Date: _____