

## Consent and release form

### Conscious Healing

The purpose of this consent form is to explain what I can do for you and what you can expect. My belief about healing is that each of us has their own code to healing residing within. Bringing this information to the forefront is what the healing process entails. I can help support your healing plan by bringing awareness to dysfunctional patterns in your life, balancing your energy body through energy work and suggesting dietary changes that can enhance your sense of well-being. Please remember that all therapies in our sessions are presented in order to assist you with your own consciousness; inviting you to make the necessary lifestyle changes for self-empowerment.

During our sessions together, specifics about health, diet, and relationships that have an influence on your physical, emotional, mental, and spiritual expression may surface. These discussions will be kept confidential at all times, unless disclosure is required to prevent clear and imminent danger to you.

Due to the nature of this work, I recommend that you refrain from using alcoholic beverages for 24 hours before and after our sessions. Any medication or drugs, other than those prescribed by your doctor, will interfere with the work. Please drink plenty of water and do not wear any perfumes.

Preference is made to be as effective and concise as possible with this work rather than have you continually dependent on therapy. However, some situations may require regular scheduled appointments in order to facilitate your integrative well-health plan and give your healing time to take place. In considering the overall impact of our sessions together, you may feel the effects immediately, months after or both.

In signing this consent and release form, you agree that:

- Ginni Selle may work with you in the above-described manner.
- You fully understand that Ginni Selle is not a medical doctor and that you are not here for medical, diagnostic, or drug prescription procedures.
- Full payment of services is expected at the time of service. Any submission to an outside or third party such as an insurance company is your responsibility. Some insurance companies will not cover out of network providers.

I hereby acknowledge that I have read the foregoing consent and release form for treatment. I am satisfied that I fully understand the nature of the sessions and freely elect to receive treatments. I release Ginni Selle from any and all claims of malpractice, non-disclosure, privacy concerns, or lack of informed consent. I freely assume any risks of treatment, whether presently contemplated or hereinafter discovered.

Respectfully, Ginni Selle

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**24 hour cancellation policy adherence**