

BODHI TREE MEDITATION  
Client Informed Consent Form/Reiki  
Policy Agreement

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Age: \_\_\_\_\_

**Informed Consent**

Prior to each Reiki session, the treatment plan will be discussed with the client. At the first visit, the client will receive a copy of the Reiki policies and will be asked to sign the consent stating that he/she has read the information, understood it and agrees to comply with the Reiki Practitioner's policies and procedures.

**Scope of Practice**

Reiki Practitioners are trained in the use of manual and non-manual energy techniques to relax and release tension and issues from the body. Reiki sessions are intended to be a health-enhancing system that promotes a mind, body, spirit balance. If any situation should arise during the Reiki session and the Reiki Practitioner feels the client should be evaluated by a professional, the client will be referred to his/her healthcare physician. Reiki Practitioners do not work within the parameters of licensed medical professionals, therefore do not diagnose or prescribe for a particular medical condition. If any medical condition should require prior physician's approval, the appointment may be rescheduled without charge.

**Limitations**

Reiki Practitioners do not diagnose, treat disease or act as a physician. Reiki Energy Healing Work is not offered as a replacement or substitute for healthcare treatment with a licensed and qualified healthcare provider, but rather as an optional, complementary service. As such, Reiki Practitioners do not offer diagnosis, treatment or cure for any disorders or illnesses.

It is the client's full responsibility to seek medical advice and opinion from its primary physician (or other qualified healthcare provider as appropriate) regarding regular assessment and routine monitoring of the client's health or if the client has symptoms that are distressing.

**Respectful Boundaries**

The client will always be respectful. The breasts and genital areas will not be touched under any circumstances. Any sexual advances, sounds, comments or innuendos as well as rude or violent behavior will result in immediate dismissal and will be reported to legal authorities. Sexual interaction or discussion

of any kind between the client and the Reiki Practitioner is NEVER appropriate.

Requests for sexual activity will not be tolerated and the Reiki Practitioner has the right to end the session immediately if such a request is made. If the session is terminated early due to such a request, full payment is still required.

The client may stop the Reiki session at any time and is free to leave, as well as refuse any Reiki methods that are not comfortable to the client. If the client experiences any discomfort during the session, immediately inform the Reiki Practitioner so that the procedure and/or method may be adjusted.

## **Financial Policy**

**Late Policy**—Clients are asked to arrive a few minutes early in order the client to use the restroom, relax and be ready at the appointed time. If the client arrives late for his/her appointment, the time left will be used to its best advantage, still ending at the appointed time and at full price. If more than 20 minutes late, the session will be canceled.

**Cancellation/No Show Policy**—A 24 hour notice is required for canceling an appointment. We understand emergencies and sicknesses do come up (for both the client and the Reiki Practitioner) so the earliest possible notification for such events is required. Clients who do not show up for their appointments will be given a reminder phone call or email notification that they have missed their appointment. If the client does not show up for his/her appointment a second time, the client will be refused to schedule any other Reiki sessions with Bodhi Tree Meditation.

**Payment**—Payment is expected at the time of service. All fees are subject to change. Cash and gift certificates are accepted at all times. Failure to pay will result in legal charges and refusal to schedule any other Reiki sessions with Bodhi Tree Meditation.

## **Confidentiality**

All records, files, personal information and experiences during the Reiki session are strictly private and confidential. All session notes and relevant information about the client may only be released with the client's consent. Breach of confidentiality will only occur if Bodhi Tree Meditation is subpoenaed or if otherwise legally obligated such as in circumstances where there is clear indication of imminent danger to the client or another person.

## **Miscellaneous**

Clients should be prepared to make their session as relaxing as possible by turning off their cell phones and all other electronics.

The Reiki Practitioner is not responsible for lost items or items left behind.

I, \_\_\_\_\_ (print name) understand that Reiki is a stress reduction and relaxation technique. I acknowledge that sessions administered are only for the purpose of helping me relax and to relieve stress. Reiki Practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment or condition I may have.

I also understand the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long-term imbalances in the body require multiple sessions to allow the body to reach the level of relaxation necessary to bring the system back into balance.

I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of Reiki. I acknowledge my commitment to my self-improvement process. I recognize that a Reiki session program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

I take full responsibility for what I may experience during or after the Reiki sessions and I fully and forever discharge Genevieve Poirier and Bodhi Tree Meditation from all claims by, arising out of , or in any way connected with this and future Reiki sessions.

I verify that I have read the above policies provided by Bodhi Tree Meditation and agree to comply with these in full.

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Reiki Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_