**INTUITIVE ENERGY HEALING SESSION CONSENT FORM**

I understand that Reiki and I.E.T. (Integrated Energy Therapy) are simple, hands on energy techniques that are used for stress reduction and relaxation. I also understand that Melchizedek Method is a gentle hands off, distant energy technique for stress reduction and relaxation. I hereby consent to these combined hands on and hands off techniques which I understand are performed in part with a light touch while I am fully clothed at all times. I understand that Reiki, I.E.T. and Melchizedek Method practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. Reiki, I.E.T. and Melchizedek Method do not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment that I may have. I understand that Reiki, I.E.T., and Melchizedek Method can complement any medical or psychological care that I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. I acknowledge that the practitioner, Irene Wolf, is not a licensed psychologist, therapist or other medical professional, and offers Reiki, I.E.T. and Melchizedek Method as a self-help coach only. I understand that while these techniques have produced remarkable clinical results, they must still be considered in the experimental stage, thus results may vary greatly from person to person and side effects are not fully formally explored at this time. I likewise take responsibility for my own comfort, health and well being during the session and agree to inform the practitioner of any type of discomfort or distress of any kind felt during the session. I agree to hold the practitioner harmless.

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

**Privacy Notice:**

No information about any client will be discussed or shared with any third party without prior written consent of the client or parent/guardian if the client is under 18.