

## CLIENT CONSENT FOR HEALING TOUCH SESSIONS

**Heart Centered Healing Touch**  
**Kay A. DuBois, R.M./T, H.T.C.P.**  
**1036 Rice Drive; Colorado Springs, Colorado 80905**  
**719-229-1318**

I, \_\_\_\_\_, have received information regarding Healing Touch. I understand that Healing Touch is a gentle, complimentary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch. It has been explained to me, that Healing Touch is a complimentary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner.

These sessions are not meant for diagnosing or treating any physical or mental disease or condition. Healing Touch services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

**Kay DuBois** completed all five levels of training through **Healing Touch Program** and has been recognized by **Healing Touch Program** as a **Healing Touch Certified Practitioner** since 1998, and is not a licensed physician nor are any HT services licensed by the state of **Colorado**.

I have been informed that my Healing Touch Certified Practitioner will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Healing Touch sessions that I receive. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

### **Fees and Payment**

Fees charged for an HT session are generally \$65.00 for an hour and a half (initial consultation) and \$50.00 for one hour sessions. Check, cash, Visa, Mastercard, Discover and American Express are accepted for payment. Each check returned for insufficient funds will result in a charge to you of \$15.00 plus bank charges. At this time I do not file insurance claims. If you desire I will give you a receipt if requested for you to submit to your insurance or Flex account for potential reimbursement.

Low cost clinic fees on Thursdays are a \$15.00 - \$35.00 donation. A limited amount of Friday appointments are reserved for Oncology patients at no charge as a continuation of the volunteer work I do through Memorial Hospital.

Other fees for in home or hospital visits are agreed upon on an individual basis.

### **Confidentiality**

I have been informed that all client information and records provided during a Healing Touch session will be kept confidential except under circumstances as detailed in Colorado Statutes or federal laws and regulations. Information may not be released to individuals or agencies without my signed authorization, except in those legal situations as noted. Practitioners are required by law to report, or cause to be reported, the threat of serious harm to self or others. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

**Kay DuBois** does carry liability insurance through the Associated Bodywork and Massage Professionals Association (ABMP), 25188 Genesee Trail Rd., Suite 22; Golden, Colorado 80401; 1-800-458-2267

My questions have been answered to my satisfaction regarding my **Healing Touch Certified Practitioner's** background, credentials, Healing Touch and what I might expect from this session. I have read this form and I understand and agree to the policies described herein. I give my consent to receive Healing Touch from **Kay DuBois**. ***I hereby acknowledge that I have received a copy of this consent form.***

**Patient signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

