

Informed Consent – JSC Lifestyle Management Inc. / Jackie Savi-Cannon

1. I hereby request and consent to the services of reiki and other relaxation procedures including, but not limited to, various forms of energy work, reflexology, aromatherapy, crystal, yoga, and meditation on me by the Reiki Practitioner.
2. I understand that I will have an opportunity to discuss with the practitioner and/or with other office or clinic personnel, the nature of reiki treatment and other procedures.
3. I understand the results may not be guaranteed.
4. I understand that the practitioner is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that reiki therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing.
5. I understand as in all health care, in the practice of reiki therapy there can be risks to treatment, including but not limited to, discomfort in muscles or joints, heaviness in throat or chest, overwhelm of emotion, crying, and intermittent pain in any area of the body. I do not expect the practitioner to be able to anticipate and explain all risks and complications and I wish to rely on the practitioner to exercise judgment during the course of the treatment which the practitioner feels at the time, based upon the facts then known, and is in my best interests.
6. I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my practitioner and disclosed to the practitioner all of those medical conditions affecting me. It is my responsibility to keep the practitioner updated on my medical history. The information I have provided is true and complete to the best of my knowledge.
7. I understand that I will be draped fully-clothed at all times to insure there is no indecent exposure. I am aware that I will be wearing headphones and have my eyes covered to promote relaxation and comfort. I understand I can express my discomfort with any element of the treatment process so the practitioner may adjust to treat my needs.
8. I understand that I have or in future begin any sensitivities to lotions, oils or aromas, I will notify my practitioner.
9. **I understand that I have the right to terminate the treatment at any time.**
10. I am aware there are further alternatives solutions may be offered to enhance my progress.
11. I have read the above noted consent and I have had the opportunity to question the contents with my practitioner. I understand that all treatments and information collected is held in confidentiality. By signing this form, I confirm my consent to treatment to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Please Print Name: _____

Signature: _____

Date: _____

Explanation of Integrative Health Fees:

Check in and setup are included in the treatment length along with paperwork such as updating of health history, assessments etc., related to the treatment.

Forms of Payment:

Clients are responsible for full payment at the time services are rendered. We accept Interac, Visa, MasterCard and cash.

Missed/Cancellation Appointment Policy:

Our office requires a 24 hour notice for cancellation of JSC appointments. Appointments missed or cancelled without sufficient notice will be charged 50.00.

I consent to pay the above missed/cancellation fee at my next appointment.

I have read, understood, and agreed to the fees and payment obligations as listed above.

Please Print Name: _____

Signature: _____

Date: _____