

CLIENT CONSENT FOR TREATMENT

Energetics Boutique - Integrated Energy Medicine Healing Touch

I _____ have been informed about the new field of therapeutic practice that works with one or more aspects of the human energy system to bring about body-mind-spirit balance toward healing and highest good of the client. The client may experience transformational healing. Because of the nature of transformational work, no specific outcome is guaranteed.

I have been informed about the value of these approaches for releasing trauma and anxiety as well as increasing relaxation, reducing pain sensation and enhancing a sense of wellbeing. I have been advised that there are currently no known side effects or detrimental results when energy-oriented treatments are properly administered by a qualified experienced practitioner.

I further understand that, because these methods are relatively new, the extent and breadth of their effectiveness, including benefits and risks, are not yet fully known. I have been advised the following:

- Vivid or traumatic memories may fade. This could adversely impact my ability to provide legal testimony regarding a traumatic incident.
- Reactions may surface during a treatment that neither my therapist nor I can fully anticipate, which may include strong emotional or physical sensations or bring memories of additional unresolved memories.
- Emotional material may continue to surface after a treatment session and give indication of other incidents that need to be addressed.
- My practitioner may refer me to other practitioners who have specific skills to help with problem areas beyond his/her scope of practice.
- My practitioner may use selected touch to facilitate an intervention but will always ask for my full permission before using touch.
- I will be learning personal self-care with my own energy system as part of the therapeutic process.

I have considered the above information before agreeing to receive an energy therapy treatment and have obtained whatever additional information or professional advice I consider necessary to make an informed decision. I choose to participate in energy therapy of my own free will and know I have the right to cease using these methods at any time. I agree to take full responsibility for my self-care by sharing any discomforts or questions I have with my practitioner as quickly as possible.

My signature acknowledges:

- My choice to consent to the new and innovative approaches of energy therapy my practitioner offers. My consent is free of pressure or influence from any person or group.
- My understanding that Energy Medicine Healing Touch integrated services are complementary to traditional medical services and not designed to replace any currently prescribed medical

treatments as ordered by my physicians nor any other medical care I may have been advised to seek by them, that I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

- My understanding is that Energy Medicine Healing Touch services is a heart centered, integrated, complementary energy- based approach to health and healing that can assist my body in its natural ability to heal. I fully understand that this is accomplished through healing presence and the use of contact and/or noncontact touch.
- My understanding that all client information & records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by State or federal laws and regulations.
- My understanding that is whatever services I choose, all services specified must be utilized within one year of my intake session or services will be forfeited.
- My understanding that Lois S. Gobel, RN, D.Ed, is a doctoral-prepared licensed registered nurse, who is not licensed to practice medicine. She is a Healing Touch Certified Practitioner (HTCP) through the Healing Touch Program, www.healingtouchprogram.com; a Energy Medicine Specialist (SEM) through the Energy Medicine Specialist Program, www.energymedicinespecialists.com; Caritas Coach through the Watson Caring Science Institute, www.watsoncaringscience.org. She holds a B.S. degree from Elizabethtown College, MSN from Misericordia University, and D.Ed from The Pennsylvania State University. She retired as a Professor of Nursing from Texas A&M University-Corpus and is founder of Energetics Boutique, LLC.
- My understanding is that Lois S. Gobel was formerly Lois S. Kelley.

"Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless, Lois S. Gobel from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my sessions(s)."

CLIENT

Signature _____

Date _____

PARENT/LEGAL GUARDIAN

Signature _____

Date _____

PRACTITIONER

Signature _____

Date _____

Lois S. Gobel, RN, D.Ed, HTCP, SEM, Caritas Coach