



Iris Healing Arts
Healing Solutions Rooted in Nature

INFORMED CONSENT

I, _____, am requesting and consenting to receive a healing session conducted by Heather Michet (the Practitioner). This session is being given for the well-being and balancing of my heart, body, mind and spirit.

I will cooperate to the fullest in both information gathering and treatment. Failure to do so may jeopardize safety and effectiveness. I understand I have the right to refuse any form of therapy for any reason. I further understand that the Practitioner also has the right to withhold therapy for any reason.

I understand that the Practitioner does not diagnose or treat illness, nor prescribe pharmaceuticals. I understand that this and any other healing session are not a substitute for medical examination or diagnosis and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the Practitioner of any changes in my mental, emotional or physical health. I understand that there shall be no liability on the practitioner's part should I forget to do so. I have also disclosed all medications (herbal and pharmaceutical) that I am currently taking.

I understand and have had explained to me the procedure, benefits and contraindications for these healing therapies and any side-effects which may occur as a result of same.

I understand that methods of healing may include, but are not limited to: Reiki, Aromatherapy, sound healing, nutritional counseling and any other modality the Practitioner deems helpful in furthering my healing program.

Confidentiality of Communications: I may communicate with Practitioner by telephone or email. Practitioner will make every reasonable effort to ensure confidentiality of email messages, but cannot guarantee the confidentiality of communications using this method.

Appointments: I agree to phone Practitioner to schedule, reschedule or cancel appointments. I understand that the Practitioner's commitment to my healing program begins the moment I schedule a healing session and that considerable preparation is done for my session prior to its scheduled time.

I agree to provide a minimum of 24 hours to reschedule or cancel an appointment. If notice is not given within this time period or if I do not show for a scheduled appointment, I will be charged the full amount of the scheduled session.



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In addition, late arrival for a scheduled appointment may necessitate rescheduling and may incur a late fee. While emergency situations (including medical) do occur that may disallow me from keeping an appointment, I will give advanced notice whenever possible.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to healing, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of healing for my present condition and for any future condition(s) for which I seek assistance.

Signature of Client _____ Date _____

Signature of Parent, Guardian, _____ Date _____
or Authorized Health Care Representative