



Iris Healing Arts  
Wellness Rooted in Nature

## **INFORMED CONSENT**

I, \_\_\_\_\_, (Client) am requesting and consent to engage in a healing program with Heather Michet (the Practitioner). I am engaging in this program for the promotion of the well-being, health 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.

I further understand that the Practitioner does not promise or guarantee any results or outcomes from my participation in this 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:** Appointments may be conducted face-to-face or remotely, as determined by the location of Client and Practitioner. These may be consultations, check-in sessions, distance Reiki, group calls or webinars and will be conducted by Skype, Zoom or phone call.



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## REMOTE APPOINTMENTS

Consulting or check-in sessions may be conducted remotely by Skype, Zoom or phone call. These types of sessions include: Phone consultations, Brief Consults, Distance Reiki, webinars, group calls and any other type of work offered by Practitioner.

I agree to **phone** Practitioner to schedule, reschedule or cancel appointments. ***I understand that the Practitioner's commitment to my healing program begins when I invest in it, and that considerable preparation is done for each 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.

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.

The above Appointments policy applies to both in person and remote sessions.

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.

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Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent, Guardian, \_\_\_\_\_ Date \_\_\_\_\_  
or Authorized Health Care Representative