



## **Consent Form & Medical Waiver**

I consent to treatment for myself (or my minor child) and understand that the services provided by the practitioners employed by Hands On Health Ltd. and BodyTalkDistanceHealing.com are intended to enhance relaxation and increase communication within my body.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not given and medication is not prescribed. I agree to continue to have regular medical check-ups as part of my overall health care plan.

I understand that participation is voluntary and that at all times I may choose to end my participation. I understand that I may experience 'healing reactions' during the 24 to 48 hours following the services provided and that they will disappear and result in healing.

I understand that any information exchanged during any session is only informational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission.

I do agree to give the practitioner consent to use my case history and results with written permission and without using my name. I understand that the practitioners at Hands on Health and BodyTalkDistanceHealing.com will have access to information in my file to enhance my healing.

I understand that by providing this informed consent I am assuming full responsibility for my services and I hold harmless both the practitioners, Hands On Health Ltd., BodyTalkDistanceHealing.com, and the facility/location where the services are provided.

I understand that there are no guarantees associated with these services, just as there are no guarantees in other health care modalities.