

## **Disclosure & Consent for Energy Medicine and/or Reiki**

Before we get started, I would like to make sure that you have sufficient information about me and my practice to feel comfortable entering into a working relationship. Please read and then sign this statement and let me know if you have any questions or concerns. By signing this form, you are stating that all of your questions have been resolved.

### **About me, Gloria McCahill, EEM-AP, RMP:**

I am a Certified Eden Energy Medicine Advanced Practitioner, trained in working with subtle energy systems of the body as taught by Donna Eden, author of Energy Medicine. I completed four plus years of training in this modality complete with a series of written tests and demonstrations in her certification program. I am also a Reiki Master. There is no such license for such a practice in the state of New Jersey. I am licensed to practice in the state of Arizona.

### **How will this work benefit you, the client:**

The healing traditions of many cultures emphasize the importance of subtle energy system which flow through the human body, intimately affecting its health and vitality. Many of these traditions stress that disease occurs in these subtle energy fields prior to appearing in the physical body and that balancing these energy fields can assist the body toward wellness, both physically and emotionally.

### **This work is complementary to health care, not a replacement or substitute.**

Eden Energy Medicine and Reiki must not be considered a replacement or substitute for health care treatment with a licensed and qualified health care provider, but rather as an optional , complementary service. As such, I do not offer diagnosis, treatment or cure for any physical, mental or emotional health care problem, disorder or illness. Any discussion of health conditions is incidental to healing of energetic imbalances and should not be misinterpreted as a form of diagnosis or treatment.

### **What is expected of you:**

You shall remain fully clothed, preferably in loose comfortable gear and refrain from wearing perfumes, hairsprays, etc. You will be asked to remove your shoes so I can do energy work on your feet.

### **Eden Energy Tracking Assessment & Corrections of Energy Imbalance:**

I will interview you to get a current picture of physical and emotional symptoms, information which will assist me in assessing potential energy imbalances in the subtle energy fields. I may also use kinesiology type testing to assess energy flow. If energy imbalances are found during assessment, I may incorporate the use of both light and deeper touch and/or movement of my hands within your energy fields, to balance and harmonize your energies. In some cases I may use a magnet or a crystal for corrections in subtle energy movements. [ I may also recommend a specific technique outlined in Donna Eden's Energy Medicine Protocols. In addition, I may suggest specific postures and movements that you can do to help balance your energies yourself. While the methods I use and teach are gentle and considered non-invasive, it is possible that physical or emotional after-effects may occur after your energies have been stimulated and adjusted. If any procedure is uncomfortable or leads to discomfort, please tell me at once and I will stop if you request me to do so and I will provide a technique to counter the discomfort.

### **Reiki:**

Reiki may be performed with hands on the body or above the body within its energy field. Reiki is a term to describe universal energy and has no direct religious affiliations.

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### **Payment for Services:**

Any changes to current fee schedule will be discussed and payments will be expected at time of service. Payments may be in cash or by check to Gloria McCahill

### **Confidentiality:**

Your experiences during our sessions are kept confidential, unless you instruct me to release information to a specified health care practitioner (s) or that I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (including circumstances where there is clear and imminent danger to yourself or another person). I may also release information to any individual you have signed a release for me to consult with.

### **Client Acknowledgement and consent to receive services:**

I have read and understand the above disclosure regarding the services offered by Gloria McCahill. I understand that she is not a licensed health care provider and that her services are not licensed by the State of New Jersey as it is not required. She is licensed in the State of Arizona. I understand that it is my responsibility to maintain a relationship with a medical doctor if I so desire. I further understand that Gloria McCahill is not trained to diagnose or treat illness, or to make recommendations involving pharmaceutical drugs or surgery, or to handle medical emergencies in the context of this practice. I have consented to receive the services offered by Gloria McCahill and will communicate any discomfort or concern I may have with such services, and agree to be responsible for any fees in connection with services provided and to pay them at time of service.

### **Hold Harmless Clause:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_