

Client Information and Consent for Healing

Dear _____,

Date: _____

I am pleased to meet you and to have the opportunity to work with you. Here is some basic information about the work I do, and what to expect in our work together.

In a healing session, we may explore areas that influence your state of well-being, such as your health history, life stressors, belief systems, your family and childhood history, and relationships. **Everything you share is confidential.** I do discuss clients (without using real names) with my professional supervisor or peers for the purpose of continuing education. Please let me know if you have any concerns about this.

Hands-on healing techniques balance, clear, and charge your energy system. At times I may touch your body, and at other times I may work with the energy fields away from your body. There may be other times when exploring your beliefs and attitudes will most effectively move blocks in your energy consciousness system. My training in energy work includes 7 years of study and 3 years of teaching at the Barbara Brennan School of Healing, certification as a Reiki Master, training in hypnotherapy, regression therapy, and DNA activation techniques.

As a healer, I do not medically diagnose or prescribe treatment. If you have a physical injury or disease, I ask that you also be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake.

Self-care is an extremely important part of the healing process. Your healing is your responsibility. If at any time during the session you are uncomfortable, it is your responsibility to inform me immediately.

My fee is currently \$120 per fifty minute session. If you cancel an appointment, please give me as much notice as possible. If you cancel within 24 hours of a scheduled appointment time, I do ask for full payment.

With your signature, you agree that I may work with you in the above-described manner. Please feel free to ask any questions you might have.

With warm regards,

Jessica Turnoff Ferrari

I have read the above information and freely elect to work with Jessica Turnoff Ferrari in the above described manner. I freely give my consent with my signature below.

Printed Name _____

Signature _____

Date _____

**PARENT/GUARDIAN ACKNOWLEDGMENT AND
CONSENT FOR TREATMENT OF A MINOR.**

I have read the Client Information Letter of Jessica Turnoff Ferrari and am satisfied that I sufficiently understand the nature of the services she provides. I give my permission to Jessica Ferrari to work with my child, _____, in the above-described manner.

Signed _____ (Parent or legal guardian)

Date _____