

Sloane Rhodes, M.A. ~ Reiki Practitioner & Minister
(805) 451-5700 cell
sloanescafe@gmail.com

Reiki Energy / Spiritual Counsel Client Consent Form

I, _____ have been advised by Sloane Rhodes, M.A., a certified Reiki practitioner and legally ordained Minister, the scope of Reiki energy work, and spiritual counsel, and I give my full consent to receiving any of the above-mentioned work with Sloane Rhodes, M.A., certified Reiki practitioner and legally ordained Minister. I am aware that Sloane Rhodes, M.A. offers spiritual counsel as a legally ordained Minister, and that she **does not** practice licensed psychotherapy.

I understand that Sloane Rhodes, M.A., certified Reiki practitioner, is a facilitator of Reiki energy and is not practicing any other profession that requires a license under the laws of the State of California. Services to be provided **do not** include the practice of medicine, as a Reiki practitioner is not a licensed physician. These sessions are non-diagnostic, and are complementary healing arts services.

I am aware and understand that in Reiki energy sessions, the Reiki practitioner does at times respectfully touch my shoulders, head, forehead, abdomen, legs, and back in order to do the healing. I give Sloane Rhodes, M.A., Reiki practitioner, permission and consent to do so in order to do the energy work.

I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in all sessions to the best of my ability.

I, Sloane Rhodes, M.A., am a certified Reiki practitioner and legally ordained Minister. I, the undersigned Client acknowledge by signing below that I have been advised of the foregoing information, and that I have been given a copy of this "Reiki Energy / Spiritual Counsel Client Consent Form".

Signature: _____ Date: _____

Parent/Guardian's Signature _____
(If client is under the age of 18)

Address: _____

Cell Number: _____

Email: _____

Emergency Contact Information: _____