**Client Information and Consent Form**

The Brennan Healing Science work that I am applying helps to clear and charge the Human Energy Field (HEF) to remove energetic blocks that may lead to dis-ease and to enhance the body’s natural healing capability. I will be doing healing energy work both with my hands on the body and also through the HEF, which surrounds the body. The work is done with you being fully clothed and lying on the healing table.

I do not medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. It is important that you tell me of any condition you have or medication you are now taking.

Self-care is an extremely important part of this work and is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend that you refrain from using alcoholic beverages for 24 hours following our session.

Any information you share with me during our session is always kept confidential. I may, however, discuss clients, without mentioning their names, with my professional supervisor for the purpose of my continuing professional development and so that clients may receive the best assistance available.

In signing the acknowledgment below, you agree that I may work with you in the above-described manner. I am most happy to answer any questions and I also encourage you to express any concerns you may have.

*I have read and understand the information provided. I acknowledge that I am fully aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not prescribed, diagnosed, treated or recommended any particular treatment, medication or substance for me in respect to any injury, ailment, complaint or disease that I may possess.*

*I fully understand and acknowledge that all consultations and services provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are solely classified as educational and research resources and are strictly a spiritual art. I fully consent to and acknowledge my participation as a volunteer to assist in this research and education of my own free will.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_