

Alyssa Rand, MA, LMFT
Licensed Marriage and Family Therapist License # 90050
Certified Reiki Practitioner
(818) 481-6737

Reiki Energy Client Disclosure and Consent Form

California Client Information & Consent Form:

What Reiki is:

Reiki is a form of treatment whose goal is to compliment traditional medical practices by enhancing the body's ability to heal itself.

What Reiki is *not*:

Your Reiki practitioner is not a licensed physician. Reiki is a complement to "healing arts services licensed by the state." Its purpose is to complement traditional western medicine provided by medical doctors, nurses, and hospitals. As a complementary or alternative medicine, Reiki does not require licensing by the state, but does require certification.

Your Reiki practitioner, Alyssa Rand, in addition to being a Licensed Marriage and Family Therapist, has received certification in Reiki received on December 11th, 2019.

Nature of the Services Provided:

Reiki Sessions: The client lies down fully clothed. The practitioner places her hands on or above the body and allow the Reiki energy to radiate from the hands.

Theory of Treatment:

Stress, trauma and illness restrict the natural flow of "chi" (life force energy) through the body. It is thought that by restoring chi to the body, Reiki energy can rejuvenate the body's ability to relax, and de-stress, and support its ability to heal itself.

In addition to the practitioner's use of hands to radiate the Reiki energy, sessions may involve the practitioner sweeping her hands above the body in various ways, or incorporating touch, breath or vocal tones to break up energy blocks.

Client Acknowledgment (Will be kept on file for 3 years):

I have been provided with a copy of the above document, in accordance with California Business and Professions Code Section 2053.6(a).

Client's Initials_____

Energy Work Consent and Release Statement:

I, the undersigned, understand that the Reiki session given is intended to involve a natural hands-on method of energy balancing for the purpose of pain management, stress reduction, and/or relaxation.

I understand very clearly that these treatments are not intended to, nor should they, substitute for professional medical or psychological care.

I understand that Reiki practitioners do not diagnose conditions, nor do they prescribe medicines, nor do they seek to interfere with the treatment of any licensed medical professional. I further understand it is recommended that I seek a licensed health care professional for any physical or psychological condition or ailment that I may have.

I understand that the Reiki practitioner may be placing hands on me during the Reiki session.

I have been provided a copy of this Reiki Energy client Disclosure and Consent Form, fully executed.

Client Name (printed): _____

Date: _____

Client (signature): _____