



Inner Peace Pathways

Informed Consent Agreement

Reiki Energy Sessions

540 Heritage Dr. Suite 6

Spearfish, SD 57754

I, _____, understand that:

1. Reiki is a **non-invasive, gentle, hands-on and hands-off energy technique that is used only for the purposes of relieving stress and providing relaxation with clothing on**, and is a method for assisting the body in its natural healing process.

2. Reiki is a **complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians**, nor any other medical care I have been advised to seek by them.

3. I have been informed that Tammy E. Wagendorf is a **Certified Usui and Reiki Practitioner/Teacher** and have been informed that she **will not diagnose conditions, perform medical treatments or interfere with the treatment of a licensed medical professional, prescribe substances for any condition that I may have**, nor does she make specific claims regarding results from Reiki sessions that I receive.

4. I have also been informed that Tammy E. Wagendorf is not licensed to practice medicine in the state of South Dakota or any other state. **It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.**

5. I understand that I may stop treatment at any time, either during or outside of each session and that I am **responsible for voicing any concerns regarding treatment as they present themselves**, so that the practitioner, Tammy Wagendorf, may address them in a timely and conscientious manner.

6. I understand that information exchanged during a Reiki session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. I have been informed that **all client information and records are treated in a confidential manner. My experiences during these sessions are confidential and subject to the usual exceptions governed by state and federal laws and regulations.**

*By signing this release, I hereby waive and release **Inner Peace Pathways** from any and all liability past, present and future relating to her services, whether they be on-site at the home of the client signing this consent or at another location. Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Tammy Wagendorf from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).” I give my consent to receive both hands-on and hands-off Reiki from Tammy Wagendorf. Payment is due when services are rendered unless other arrangements have been made prior to my appointment. I will give 24-hour notice when possible if I cannot keep a future appointment.*

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____