

*Reiki Master Dr. Victoria E. Stevens, JD, PhD*

*Consent Form*

I, \_\_\_\_\_ (print name) consent to Reiki treatment for myself and understand that the services provided by the practitioner Reiki Master Dr. Victoria E. Stevens, JD, PhD, are intended to enhance relaxation and increase communication within my body.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not provided, and medication is not prescribed.

I understand that participation is voluntary and that at any time I may choose to end my participation. I understand that I may experience "healing reactions" during the 24 to 48 hours following the services provided.

I understand that any information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission. I do, however, give the practitioner consent to use my case history and experiential results without using my name. I understand that only the practitioner Reiki Master Dr. Victoria E. Stevens, JD, PhD, will have access to information in my file to enhance my healing.

I understand that by providing this informed consent I am assuming full responsibility for my services, and I hold harmless both the practitioner Reiki Master Dr. Victoria E. Stevens, JD, PhD and the business under which she provides services.

I agree to the terms and conditions set out by this consent form and certify that the above information is true and correct. I agree to pay for distance sessions, should I request them. I agree that the full price must be paid prior to booking and no refunds will be provided unless appointment is canceled more than twenty-four hours prior to the appointment time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Print name

Reiki Master Dr. Victoria E. Stevens, JD, PhD  
Privacy Policy and Notice of Privacy Practices

I, \_\_\_\_\_ (print name) consent to information gathering for myself only in accordance with this Privacy Policy and understand that Reiki Master Dr. Victoria E. Stevens, JD, PhD only releases information in accordance with state and federal laws and the ethics of the profession. If mandated by law, such as by a court order or due to a reasonable belief that there is a danger to myself or others, personally identifying information may be released.

Personally-identifying information may be used to assist me in my Reiki sessions (protected health record information is not shared with outside health care professionals unless you authorize it in writing to be released).

Personally-identifying information also may be used to process payment.

I acknowledge that I have read this notice of privacy practices and agree with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Print name