

## **Informed Consent Form: Jennifer Manning Plassnig**

I, \_\_\_\_\_, (client) understand that Process Acupressure (PA), Reiki, Cranial Sacral, Crystal Healing, Emotion Code, EFT (Emotional Freedom Technique) and Energy work provided by Jennifer Manning-Plassnig, (facilitator) is intended to assist me in connecting with the healing wisdom of my body, mind, and spirit.

I understand that I am responsible for my own health, healing and well-being. I also understand I have the ability to heal myself. I further understand that PA, Reiki, Cranial Sacral, Crystal Healing, Emotion Code, EFT (Emotional Freedom Technique) and Energy work is not a substitute for adequate medical care, and I intend to remain under the care of my primary healthcare provider. I understand Jennifer Manning Plassnig is not a physician or a doctor of osteopathy. Under Maryland law there is not standardized education, training or practice standards for wellness practitioners. However, Jennifer Manning Plassnig is affiliated and a certified Practitioner with Soul lightening international, which does have education requirements and practice standards. Jennifer Manning Plassnig has also received training and certification to mastership level for Reiki energy healing. Jennifer Manning Plassnig has also received training and certification in Crystal Healing. If you have concerns about practice standards, you may contact the Consumer Protection Division of the office of the Attorney General.

I understand my own health and wellness is my responsibility. Therefore, I agree to use services of Jennifer Manning Plassnig to assist me in learning how to reduce my stress, manage any symptoms I am having and improve my mental functioning and the quality of my life. I also understand that if I have—or if I think I have—a medical concern, condition, disease, disorder, issue or symptom, Jennifer Manning Plassnig will assist me in reducing related stress, and refer me to a licensed chiropractor, medical or osteopathic physician for further assistance.

I understand that all healing modalities may cause me some discomfort and some adverse side effects may occur through no fault of myself or Jennifer Manning Plassnig. I will keep Jennifer Manning Plassnig advised about my concerns so the intervention may be terminated or revised if necessary. I further understand these services may have no effect on me.

I understand that products that may help me heal myself may be offered for purchase. I also understand that I have the right, of my own free will, to choose to purchase them or not.

I understand my identity and any information about me, whether I share it with Jennifer Manning Plassnig or she discovers it on her/his own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time.

I have read and understand the policies and procedure Jennifer Manning Plassnig has published and shared with me. I agree to abide by these policies and Procedures.

I acknowledge that I have read and understand this form. I agree to allow Jennifer Manning Plassnig to help me learn to heal myself using the natural healing techniques and modalities herein listed.

### **Payment of Service**

The fee of service is determined and will be explained to you before the first session. The session fee is: \$\_\_\_\_. If Process Acupressure is the modality of choice the fee is: \$\_\_\_\_. Jennifer Manning Plassnig does not accept assignment of insurance benefits. Full payment of your account is expected at the time of the service. Returned checks will be subject to a \$25 charge, which will be added to your invoice.

**Cancellations**

I understand that cancellations must be received at least 48 hours before my scheduled appointment; otherwise I may be required to pay the customary session fee for that missed appointment. I understand that this policy includes cancellations due to illness. I understand that I am responsible for calling to cancel or reschedule my appointment.

**Consent of Treatment**

I have received a written explanation of what Process Acupressure, Reiki, Cranial Sacral, Crystal Healing, Emotion Code, EFT and Energy Work is and what it can do for me.

I, voluntarily agree to receive Process Acupressure, Reiki, Cranial Sacral, Crystal Healing, Emotion code, EFT and energy work, and authorize Jennifer Manning Plassnig to provide the service.

I understand and agree that I will participate in the planning of my care, treatment and services. Also, that I may stop such care, treatment or services that I receive from Jennifer Manning Plassnig at any time.

By signing this client information and consent form, I, the client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

I have received a diagram of the human body which indicates the acupressure points that may or may not be touched by Jennifer Manning Plassnig during a standard PA session.

If this agreement should change, I will review this with Jennifer Manning Plassnig immediately.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer Manning Plassnig

\_\_\_\_\_  
Date