

Informed Consent Form: Jennifer Manning Plassnig

I, _____, (client) understand that Process Acupressure (PA), Reiki, Cranial Sacral, Crystal Healing, Emotion Code, EFT (Emotional Freedom Technique), Soul Guidance and Sacred Mentoring, Intuitive readings, Oracle card readings 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), Soul Guidance and Sacred Mentoring 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. Jennifer Manning Plassnig has also received training and is certified as a Soul Guidance Sacred mentor through Alana Fairchild's technique. 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.

Telehealth communication Policy

Please note that your correspondence with Jennifer Manning Plassnig, LLC on the chosen electronic platform is compliant with HIPAA regulations and National and State telehealth requirements as per the Business Associate Agreement with this provider. By this notice you grant Jennifer Manning Plassnig, LLC, permission to treat you via telehealth. You acknowledge the risks, and release Jennifer Manning Plassnig, LLC, from liability for the risk to your confidentiality. You understand that Jennifer Manning Plassnig, LLC is limited in the ability to treat a crisis during the course of telehealth and understand in the event of an emergency you are responsible for contacting Emergency Medical Services or going to the nearest emergency room. By signing this addendum you acknowledge that you understand your options for support of a crisis, non-emergency situation such as calling a member of your support system or a National Hotline. You acknowledge that telehealth is not a platform under which an emergency or crisis can be treated and release Jennifer Manning Plassnig, LLC, from liability for these risks. Jennifer Manning Plassnig, LLC, staff typically returns emails and text messages during the next business day after they are received. Emails and texts should be limited to administrative issues such as scheduling. As a provider for Jennifer Manning Plassnig, LLC, I do not accept requests on Facebook, Linked In or other social media platforms

Consent of Treatment

I have received an explanation of what Process Acupressure, Reiki, Cranial Sacral, Crystal Healing, Emotion Code, EFT, Soul Guidance and Sacred Mentoring, Intuitive readings, oracle card readings and Energy Work is and what it can do for me.

I, voluntarily agree to receive and authorize Jennifer Manning Plassnig to provide the following services: Process Acupressure, Reiki, Cranial Sacral, Crystal Healing, Emotion code, EFT, Soul Guidance and Sacred Mentoring, Intuitive readings, oracle card readings and energy work.

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