



Healing Touch Information & Consent Form

Healing Touch is an evidence-based and nationally accredited Energy Medicine therapy that activates a person's natural energy flow to enhance and support physical, emotional, mental and spiritual health and healing. Practitioners apply light or off-body touch while administering interventions with heart-centered intentionality to clear energy blockages and balance the energetic flow of the body, mind and spirit. Client remains fully clothed and relaxed.

Some of the indications for a Healing Touch session include, but are not limited to:

- Support the body's natural healing process and well being
- Facilitate the relaxation response
- Reduction in pain, anxiety and stress
- Decrease in nausea
- Preparation for medical treatment and procedures and to manage side-effects
- Support during chemotherapy
- Facilitation of wound and trauma healing
- Support emotional, mental and spiritual healing

Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by neither physicians nor any other medical practitioner. These sessions are not meant for diagnosing or treating any physical or mental disease or condition. Healing Touch services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

Current Healing/Educational Credentials

Healing Touch Certified Practitioner, Member of Healing Touch Professional Association

Healing Touch Specialist at the Levine Cancer Institute

Duke Trained Integrative Health Coach

200 Hour registered Yoga Instructor and member of Yoga Alliance.

Hold a Certificate in Spiritual Direction and member of Spiritual Directors International



Healing Touch Information & Consent Form *continued*

B.S. in Applied Arts and Technology from Eastern Kentucky University

Client Consent for Healing Touch Sessions

I hereby agree to participate as a subject in the practice and demonstration of Healing Touch sessions with the Healing Touch Certified Practitioner Apprentice, Sandra Boozer. After a thorough initial discussion with her, I understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal.

I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch.

I was informed the purpose of Healing Touch treatment is to facilitate harmony and balance in the energy system creating an optimal environment for the body's innate tendency for healing to occur. Healing Touch complements and supports other traditional, medical, and health treatments.

I understand that these Healing Touch sessions are not diagnostic nor do they guarantee any cures, and I understand a practitioner does not interfere with any directions from qualified healthcare provider.

I understand that these sessions are confidential and that any discussion about the work might be used anonymously for teaching and training purposes only, subject to the usual exceptions governed by laws of the State of North Carolina or federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Sandra Boozer from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding my Healing Touch Practitioner Apprentices' background, Healing Touch, and what I might expect from this session.

By signing below I fully consent to receiving Healing Touch sessions, and commit to being open and involved in the study, learning, and practice of Healing Touch as offered by Sandra Boozer.

Client Signature: _____ Date: _____

Print Name _____

Practitioner Signature: _____ Date: _____