



# THE HEALING SANCTUARY

a collaborative wellness center

## LIABILITY WAIVERS & CONSENT FOR TREATMENT BY MODALITY

### ENERGY HEALING/REIKI WAIVER

I understand that Reiki, Healing Touch and other energy modalities are gentle, complementary energy based approaches to health and healing that can potentially assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished with my permission through the use of light contact and/or non-contact touch. I understand that clients remain fully clothed for this therapy and should wear clothes that are comfortable.

### MASSAGE THERAPY WAIVER

I understand that massage therapy does not constitute medical treatment, but rather is a form of alternative health maintenance for purposes of stress reduction, relief from muscular tension and increasing circulation utilizing techniques and principles of traditional Swedish, orthopedic and lymphatic massage or other related modalities. Sessions may include muscular manipulation, movement of joints, and use of oils, creams, and essential oils; it is necessary for the massage therapist to be aware of existing medical conditions, medications I take and allergies I may have. I am aware that any form of inappropriate sexual advances will not be tolerated and will terminate my treatment permanently. I understand that PA state law requires all minors under the age of 18 must be accompanied by a parent or legal guardian in-room during the entire session.

### VIBRATIONAL SOUND THERAPY WAIVER

I understand that the practitioner will be using gentle sound and vibration during sessions on/around me. Because of the vibrational quality of sound in sessions, I understand it is important that I disclose to my practitioner if I have any of the conditions indicated on the Cautions for Vibrational Sound Therapy sheet included in this packet and on our website Client Forms page. This includes implanted pacemakers, ICD, DBS, or other devices that can be affected by magnets or vibration; implanted metal plates, screws, pins or hardware; joint replacements; epilepsy or other seizure disorder; and pregnancy. Vibrational Sound Therapy is a gentle, sound based approach to health and healing that can potentially assist the body in its natural ability to heal. I acknowledge and understand that this is accomplished through the use of light contact and/or no contact with various sound healing instruments or other vibrational acoustic therapy devices.

### DRUM CIRCLE CLASSES

I understand that the practitioner will be guiding this participative class. Due to the use of the hands and body, I fully acknowledge my responsibility to tell the practitioner of any issues with body limitations that could potentially affect my participation prior to the class. Participants will be utilizing their body and hands with various instruments during the class. I fully understand this is an active participation class and I am responsible for the force I use on the instruments, and to not do actions that may cause pain, discomfort, or injury. Should I feel I am not able to participate at any point in the session, I have the ability to stop participation and re-engage at any point I feel comfortable.

## OVERALL CONSENT

- I have read and understand the information listed for each modality above.
- I understand that the modalities offered at The Healing Sanctuary are complementary therapies not intended to replace any currently prescribed medical or mental health treatments as ordered by my physicians or other health care providers, nor any other medical care I have I may be advised to seek by them.
- I acknowledge that these sessions are not a substitute for medical examination or diagnosis, and that it is my responsibility to consult a licensed medical practitioner for any physical or mental complaints I may have.
- I understand that I alone am responsible for informing my primary health care provider I am receiving these sessions and inquiring as to whether or not they may adversely affect my current health condition.
- I understand that practitioners at The Healing Sanctuary do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments or pharmaceuticals, nor do practitioners make any specific claims regarding results from the sessions that I receive.
- I have stated all medical conditions that I am aware of and I acknowledge that it is my responsibility to update

my practitioner of any changes to my health status.

- I agree to refrain from receiving services while in the contagious stage of any illness or condition. I understand that the therapist will inform me of any contagious condition they may have and allow me the right to refuse treatment without penalty.
- I understand that if my needs extend beyond the framework, abilities or scope of practice of my practitioner, they will offer me referrals for a more qualified or appropriate professional to address my needs.
- I and my representative(s) agree to fully release and hold harmless The Healing Sanctuary and practitioners therein 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 understand that my consent to receiving any service at The Healing Sanctuary enables my consent for receiving any additional services we offer now or in the future.

### CONSENT TO SHARE INFORMATION

The Healing Sanctuary is a collaborative wellness center, and, as such, necessarily shares information among its core practitioners on an as-needed basis if you are seeing multiple providers here.

- I understand that in receiving services at The Healing Sanctuary, I am consenting to sharing my information among The Healing Sanctuary core providers on an as-needed basis.
- I understand that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by state or federal laws and regulations.

### LATE AND CANCELLATION POLICY

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

**Cancellation:** We ask for 24 hour advance notice when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged a fee equal to 50% of your appointment cost. This amount must be paid at or prior to your next scheduled appointment. We do understand that emergencies arise from time to time, so consideration will be made on a case by case basis to accommodate for these instances without penalty.

**No-shows:** If you forget or consciously choose to forgo your appointment for whatever reason, you will be considered a "no-show" and will be charged a fee equal to 50% of the cost of your missed appointment. This amount must be paid at or prior to your next scheduled appointment.

**Tardiness:** If you arrive late, your session may be shortened in order to accommodate appointments following yours. Depending upon how late you arrive, your practitioner will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full session. Out of respect and consideration for your practitioner and other clients, please plan accordingly and make every effort be on time.

**Illness:** Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee will be waived.

I, \_\_\_\_\_, acknowledge and agree with and will abide by the terms of  
*The Healing Sanctuary Liability Waiver, Consent for Treatment, and Late and Cancellation Policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Client is a minor under the age of 18. Parent/Legal guardian must sign above.

Name, Email & Phone number of Parent/Guardian: \_\_\_\_\_

## CAUTIONS FOR VIBRATIONAL SOUND THERAPY

There are certain illnesses, conditions, and circumstances that might require completely avoiding singing bowls on the body or participating in vibroacoustic sound therapies (VAT) such as the OPUS SoundBed:

- Pacemaker or implantable cardioverter defibrillator (ICD) (because there are magnets in the Opus SoundBed transducers)
- Deep brain stimulation (DBS) device, as in Parkinson's treatment
- Cardiac arrhythmias
- Recent surgery or open wounds (including gastric ulcers) as VAT speeds up circulation and blood flow which aids in healing, but if there are open wounds, it may cause bleeding. Sutures must be removed and scar fully healed and closed.
- Acute inflammatory conditions and fever
- Extreme hypotension (low blood pressure) as VAT tends to reduce heart rate
- Extreme hypertension (high blood pressure) - uncontrolled
- Deep Vein Thrombosis (DVT) or risk of thrombosis
- Epilepsy/seizure disorders
- Kidney, bladder or gallstones
- Pregnancy
- Severe depression or anxiety for which you are being medicated
- Polyneuropathy
- Hemiparesis (weakness on one side of body, usually from stroke)
- Coronary stent, cardiac shunt, artificial heart valves

Avoid Vibroacoustic Therapy or Singing Bowls on **certain parts of the body** when you have:

- An inflammatory skin disorder, such as hives, psoriasis, eczema or its variant weeping eczema. Singing bowls should not be placed on your body or touch your skin.
- Singing bowls should not be placed on heavily scarred areas.
- Carotid atherosclerosis: singing bowls should not be placed in the area around the neck.
- Diseased, inflamed or clotted veins: Singing bowls should also not be placed near these
- Acute inflammations
- Tumors
- Metal inserts, implants, screws, or staples
- Artificial joints and inflamed joints