



LOVING HANDS OF REIKI

My treatments are done as chair treatments. The client is fully clothed and sitting in a chair. My hands hover in the auric field.

This balances your energy for a more relaxed and clam day. The number of treatments is up to the client and the practitioner. There is an intake form that needs to be filled out to help determine all of this.

Your confidentiality is of utmost importance in my Reiki practice. Your information will not be shared with anyone unless I am legally obligated to do so.

My fee for a 30-minute lesson is \$35 dollars. If a longer or shorter session is needed it will be adjusted accordingly. You will be expected to pay for each session at the time it is held. Payment for other services such as teaching will be agreed to when they are requested.

You have the right to ask me questions about anything that happens in our work together. You are free to terminate our work together at any time.

I never engage in sexual intimacies with clients or former clients and avoid social and business relationships. Our work together will be most effective when kept free from possible outside entanglements.

Normally, you will be the one who decides when our work together will end, but there are three exceptions to this. If I determine that I am unable, for any reason, to provide you with the services you are requesting at a high professional standard, I will inform you of this decision and refer you to another practitioner who may better meet your needs. Second, if you verbally or physically threaten or harass me, my office, or my family, I reserve the right to terminate you from treatment immediately and unilaterally. Third, I reserve the right to refuse or terminate a session if you or anyone in the session is suspected of being under the influence of a mood-altering substance. You will be responsible and charged for full payment of the normal fee.

Your signature below indicates that you have read the information in this document, understand it fully, have discussed any questions or matters of concern with me and/or others, and agree to abide by its terms during our professional relationship.

Print Name

Date

Signature