

Dave the Mystic
David Barnett
INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of energy healing modalities and treatments within the scope of the practice of Energy Medicine Practitioners on my (or on the patient named below, for I am legally responsible) by David Barnett.

I understand that methods of treatment may include but are not limited to: **energy balancing and harmonization, energy healing, past life, in-between and future life journeys, meditation, visualizations, spiritual counseling, subconscious core belief transformation, energy and entity clearing, soul retrieval work, and intuitive gift of discernment.**

I have been informed that energy medicine is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of energy treatment and other modalities, and I wish to rely on the practitioner to exercise judgment during the course of the session in which the practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed.

I understand that in energy healing, there may be contact between the practitioner and client in the form of hands-on healing. In this situation, I can decline to be touched when asked and that is acceptable in the session. I am always free to discuss concerns with the practitioner about the modalities used and other alternatives can be identified if desired.

I understand that all clinical information and records of energy healing treatments etc. will be kept confidential and will not be released without my written consent except for the case when the client's situation is discussed with other practitioners anonymously to identify treatment options for the client.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of energy medicine and intuitive energy healing and other energy modalities, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my sessions with Dave for my present condition and for any future conditions(s) for which I seek any related modalities.

Client Signature: _____ Date: _____

(Or Patient Representative): _____
(Indicated relationship if signing for patient)

Contact Information:

David Barnett
303-902-5323
dbarnett@holisticbeliefs.com
www.DavetheMystic.com