

Open Heart Living LLC

Informed Consent

I, _____ have received information and understand that Open Heart Living LLC provides Emotion Code sessions through the services of Angelika Mitchell, who is a Certified Emotion Code Practitioner. Emotion Code is a complementary energy -based approach to health and healing that can assist my body-mind-spirit to achieve its natural ability to heal by helping to release trapped emotions. I fully acknowledge and understand that this is accomplished through the use of online, non-contact proxy muscle testing and energy connection.

I hereby represent and warrant that I am over the age of eighteen (18) years of age and have the capacity and legal authority to sign this Agreement.

I hereby acknowledge The Emotion Code is a complementary therapy not intended to replace any currently prescribed medical or psychotherapeutic treatments as ordered by my physicians or Psychotherapist or any other medical care. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints or symptoms I may have. and will neither diagnose nor prescribe any treatment or medication for any condition that I might have. My Emotion Code practitioner does not make any specific promises or claims regarding results from the Emotion Code sessions that I will receive.

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions by state or federal laws and regulations.

The practitioner is by law required to report suicidal or homicidal threats and intentions.

Except in the case of gross negligence, I or my representative agree to fully release and hold harmless Open Heart Living LLC and Angelika Mitchell

from and against any and all claims or liability whatsoever of any kind or nature arising out of or in connection with my session.

My questions have been answered to my satisfaction regarding the background of my Certified Emotion Code Practitioner, the Emotion Code, and what I might expect from this session.

I give my consent to receive Emotion Code sessions from Open Heart Living LLC through the services of Angelika Mitchell, a Certified Emotion Code Practitioner. As a result of my sessions, I also allow her to use my comments and outcomes for her Emotion Code Presentations in the Community, while protecting my identity when doing so.

For In-Person Sessions Only: (not applicable in Zoom Sessions):

I do_____

do not_____

give permission for light appropriate touch as explained to me during session, if the session is in person.

Patient/Legal Guardian Signature: _____