

Open Heart Living LLC

Client Agreement for Services

I _____, have received information and understand that Open Heart Living LLC provides Healing Touch through the services of Angelika Mitchell, who is a Healing Touch Certified Practitioner (HTCP). Healing Touch is a gentle, complementary energy-based approach to health and healing that can assist my body-mind-spirit to achieve its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of online, non-contact touch.

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 Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints or symptoms that I may have.

I have been informed that my Healing Touch Practitioner is not licensed to practice medicine and will neither diagnose nor prescribe any treatment or medication for any condition that I might have. My Healing Touch Practitioner does not make any specific promises or claims regarding results from the Healing Touch sessions that I will receive.

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

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

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 governed by state or federal laws and regulations.

Except in the case of gross negligence, I or my representative(s) 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 my background of my Healing Touch Certified Practitioner (HTCP), Healing Touch, and what I might expect from this session.

I give my consent to receive Healing Touch from Open Heart Living LLC through the services of Angelika Mitchell, an HTCP Practitioner. As a result of my session, I also allow her to use my comments and outcomes for her Healing Touch presentations in the community, while protecting my identity when doing so.

For In-Person Sessions Only (Not Applicable Zoom Sessions):

I do _____ do not _____ give permission for light appropriate touch as explained to me during the session, if the session is in person.

Patient/Legal Guardian Signature _____ Date: _____