

# Consent for Treatment and Consultation Document

It is my experience that LifeForce Healing, including Neurofeedback with NeurOptimal™, works to clear and charge the energy field, and remove energetic blocks that may lead to dis-ease. LifeForce Healing enhances the body's natural healing capability. Many of my clients experience increased well-being and improvement to their condition; however I cannot promise you these things.

Self care is an extremely important part of your healing process. At all times your healing is your responsibility. If at any time during the session you are uncomfortable, it is your responsibility to inform me. I also recommend that you refrain from using alcoholic beverages for 24 hours following your session.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, your partner in the process. In the course of our work together, we will explore areas that influence your state of being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and how you are in relationship. Your sharing is always kept confidential. I do, however, discuss clients, without revealing their names, with my professional supervisors or professional peers for the purpose of continuing professional development and so that clients may receive the most assistance available.

We may prefer to set up a regular schedule to work but there is never any obligation to continue treatment. Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours notice is required for rescheduling or cancelled appointments. The full fee may be charged for missed sessions if notification is not received.

In signing this Consent for Treatment and Consultation Contract, you agree that I may work with you in the manner stated herein. Please read this document carefully. Your signature confirms that you have read and understood my policies and practices.

I have read and understood Sarah Lidsey's policies. Furthermore in consideration of receiving services rendered by Sarah Lidsey, I hereby declare the following:

That my true and legal name is as signed below and not otherwise. That if I am not 21 years of age or older, I have the consent to receive Sarah Lidsey's services from my legal guardian(s).

That I am aware that Sarah Lidsey is not licensed by this State to practice any form of medicine. That Sarah Lidsey evaluates the subtle energy field and works with forms of self development interventions.

I understand that subtle energy work is in an experimental stage and that reading energy fields is not always historically accurate and that information provided as a result of this work should not

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be taken literally, is subject to change and should be only one piece of information in any decision making situation. I furthermore understand that any memories that are retrieved through this process by Sarah Lidsey or myself do not necessarily reflect historical accuracy. Additionally, I understand that following my sessions with subtle energy work, I may feel slightly disoriented or fatigued which generally responds to rest. If I experience any unusual reactions, I will notify Sarah Lidsey who will return my call at her earliest convenience. I understand that these calls will be subject to the usual billing rate.

I understand that Sarah Lidsey has stated that she will neither diagnose nor prescribe for any condition or problem from which I may appear to be suffering. I further understand that Sarah Lidsey suggests that should I have any medical complaints I consult a medical practitioner. Sarah Lidsey does not advise you to discontinue any medical treatment you may be receiving. Her work is intended to be in harmony with any other healing work you undertake, including traditional medicine and psychotherapy. It is not a substitute for medical treatment and nothing said or done during the course of a session or sessions should be construed as such. Please feel free to discuss the work you participate in with Sarah Lidsey with your physician, psychotherapist, or others on your self-care team.

I confirm that Sarah Lidsey has informed me either through spoken or written communication that no guarantees or promises of cures have or will be made to me and that any benefits that I experience come from within my own self.

In signing this Consent for Treatment and Consultation Contract, I freely elect to work with Sarah Lidsey.

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FULL NAME in PRINT

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SIGNATURE

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DATE