

INFORMED CONSENT AGREEMENT

§ I understand Adrienne Louie Monarrez is a Certified Massage Therapist registered with the State of Nevada; Registered Karuna Reiki & Usui Reiki Master; and Quantum Energetics Structured Therapy Practitioner.

§ I understand Adrienne Louie Monarrez is not a licensed health professional for any practices required by the State of Nevada to carry a license, such as a medical doctor, chiropractor, psychiatrist, etc.

§ I understand Adrienne does not diagnose conditions, does not prescribe medication, and does not provide healing or treatment for any physical, medical, mental, emotional, or psychological conditions or issues.

§ I understand that I am responsible for my own health, healing and well-being. I also understand that I have the ability to heal myself. I will keep an open mind to the concept that we are a multi-dimensional in nature.

§ I understand that alternative health and spiritual healing techniques are not a substitute for adequate and effective medical, chiropractic, dental, mental health counseling, psychotherapy treatment and care, or any other professional care needed to address physical, mental, and emotional conditions or issues.

§ I intend to remain under the care of my primary medical healthcare provider, and any other chiropractic, dental, mental health, and psychotherapy care providers applicable. I realize it is my responsibility to continue ongoing medical treatment and therapies until otherwise advised by my primary physician and/or other care providers.

§ I understand that if I am taking medications, it is important to stay in close communication with my physician. He/She may want to decrease my medications during the course of my spiritual healing, however this decision is solely between me and my physician.

§ I understand all healing may cause me some minor discomfort, and some adverse side effects may occur through no fault of myself or Adrienne Louie Monarrez. I also understand some interventions are contraindicated by the manufacturer and I will be fully advised of these contraindications. I further understand these services may have no effect on me.

§ I will keep Adrienne Louie Monarrez fully advised about my concerns so the intervention may be terminated if necessary or revised to minimize any harm to me.

§ I understand that if I have – or if I think I have – a medical concern, condition, disease, disorder, issue or symptoms, Adrienne will help me reduce any related stress and refer me to a licensed chiropractic, medical, or osteopathic physician for further assistance.

§ I understand that if I have – or if I think I have – a psychological or emotional concern, condition, disease, disorder, issue or symptoms, Adrienne will help me reduce any related stress and refer me to a licensed counselor, psychologist or psychiatrist for further assistance.

§ I understand Adrienne Louie Monarrez will hold my identity and any information about me in the strictest confidence unless released by me or specifically required by law, including anything said in my sessions. I have the right to waive this confidentiality agreement in whole or part at any time.

§ I agree that if we cannot reach an agreement on a critical issue between us, we will use an arbitrator to settle the problem between us, and both Adrienne and I agree to accept and be bound by the arbitrator's decision.

§ I agree to notify Adrienne at least 24 hours ahead of time to cancel a session unless extreme circumstances.

§ By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about the alternative services offered by Adrienne Louie Monarrez.

Client Name: _____ Date: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Client Signature: _____