

## Informed Consent For Spiritual Healing Session with Mike Wanner

I understand that Mike Wanner is not a licensed chiropractor, counselor, dentist, medical doctor, osteopath, psychologist, psychiatrist, psychotherapist, veterinarian or other health-care professional. I understand that Mike Wanner does not diagnose, evaluate, examine, treat, medicate, cure, or prevent any emotional, mental, physical or psychological condition, disorder or disease of any kind.

I understand that Mike Wanner is an Ordained metaphysical minister, an ordained Inter-faith minister and is licensed to practice Spiritual Healing. I understand that spiritual healing is not a substitute for effective standard chiropractic, dental, medical, mental health counseling, or psychotherapy treatment for me or veterinary treatment for my pet. I further understand that:

1. I understand Mike Wanner is a spiritual healer qualified to help me spiritually ease my stress and pain, detoxify myself from the pollutants I unintentionally inhale, eat, or drink, improve the quality of my life and improve my peak performance as a human being.

2. I understand Mike Wanner is a spiritual healer who can attempt to help me heal spiritual issues resulting in symptoms of some medical, emotional, mental, psychological or physical conditions.

3. I know that I am responsible for my own health, healing and well being; and that Mike Wanner cannot diagnose, treat, heal or cure me of anything. I know that I may experience some discomfort as I heal; and that Mike Wanner will assist me in easing my discomfort to the best of his ability.

4. I know that I am the only person who can heal me. It is my responsibility to advise Mike Wanner of any medications (and what they are for) or other treatments I take and any allergies or sensitivities I have so I may avoid any complications or problems that may arise if I do not.

I understand spiritual healing works only to the extent I intend to heal myself and believe in my ability to heal myself in full cooperation with the Divine. I realize it is my responsibility to continue ongoing medical treatment and therapies until otherwise advised by my primary physician. I understand that if I am taking medications, it is important to stay in close communication with my physician. He or she may want to decrease my medications during the course of my spiritual healing.

I understand that Mike Wanner will hold my identity and information in confidence, except when specifically required by law. I may waive this confidentiality agreement at any time.

I agree that if we cannot reach an agreement on a critical issue between us, we will ask the Natural Therapies Association of North America to resolve it and we both will accept and be bound by the decision.

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my related questions. I warrant I am not under duress and my consent is given voluntarily and without coercion. I understand that I may discontinue any service offered by Mike at any time.

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Client Signature: \_\_\_\_\_

Administrative understanding: 1. Fees are due at the time of service unless otherwise previously arranged.

2. Payment will be accepted in cash or check.

3. Returned check fees for insufficient funds will be reimbursed to Mike Wanner