

# Client Responsibility Agreement

All of the health orientated modalities listed in exhibit A are very powerful healing arts. Therefore, it is to be expected that various situations can arise from receiving any of these modalities. On the one hand, certain problems, either physical or emotions may be alleviated. Sometimes, deep mystical experiences occur as well as life-change realizations. On the other hand, suppressed emotions or emotional patterns may receive enough healing energy to be pushed to the surface, so they can be released or resolved, and this process may also create various physical symptoms. Also, release of physical tension in one area of the body may bring to the surface that has been stuck in other areas of the body which can manifest as various body symptoms. When there is deep tension in the body, pain may occur as the tension releases and the body rearranges itself. It is sometimes expected that old and even new symptoms will arise as part of the healing process. Although this doesn't usually happen, occasionally it does. It is all part of the healing process.

I \_\_\_\_\_ agree that I have read and understood the above paragraph and agree that the practitioner is not responsible for any individual symptoms that may arise as a result of receiving any of these healing treatments. I agree to take personal responsibility for whatever physical or emotional symptoms may arise as part of the healing process in receiving any of these healing treatments as well as to take responsibility for seeking medical treatment when I receive it to be necessary.

I understand that my practitioner is not a medical professional and that she neither practices medicine nor takes the place of medical treatments or evaluations when needed.

I understand my identity and any information about me will be held in the strictest confidence except when released by me in writing or specifically required by law.

I have the right to waive this confidentially agreement in whole or part at any time.

By signing below, I acknowledge that I have read and understand this document and have received acceptable answers to all my questions about the services offered by Susan King.

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Print Name

Signature

Date

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Address

City

State Zip

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Date of Birth

Telephone Number

Email Address