

SomaEnergetics INTERN Informed Consent Form

When you are charging a fee or accepting donations for any kind of alternative or complimentary therapies to the public and, it is very important to use an informed consent form. As part of the certification process with SomaEnergetics, you will take a course in Professional Practices and Ethics and you will create your own consent form. Until you have completed that process, the form below should be used with each client. You will need to have a signed copy on file from each client and it is a good idea to give them a copy as well. Do only what is on this form or it becomes invalid and you could be practicing medicine without a license. This form is available in the practitioner section of the website.

The use of this form is required.

SOMAENERGETICS INFORMED CONSENT FORM

SomaEnergetics Informed Consent Form - INTERN

I understand _____ (insert name of intern - hereafter referred to as “the practitioner”) is working in complete compliance with all state and federal rules and regulations regarding sound therapy. Currently the practitioner is an intern with the SomaEnergetics Vibrational Sound Techniques and is working toward certification as a Certified Vibrational Sound Practitioner (CVSP) who uses Vibrational Tools in the form of Tuning Forks to help me relax and manage my stress and enhance the quality of my life.

I understand that I am responsible for my own health, healing and well-being. I also understand I have the ability to heal myself. I further understand Vibrational Sound is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand that if I have a health problem, or think I may have a health problem, the practitioner will help me manage my stress related to that problem and refer me to a licensed professional for further assistance upon my request.

I understand the practitioner will keep all information she/he learns about me completely confidential unless I release him in writing or as required by law.

I agree to settle any disagreements I have with the practitioner and if this is not possible, then I agree to turn our concerns over to the current resolution service in use by the Certification Board to mediate an agreement acceptable to both myself and the practitioner.

I acknowledge that I have read and understand this form. I agree to allow the practitioner to help me allow and accept Divine healing using the spiritual healing techniques and modalities herein listed.

Name of Client _____

Address _____

State/Province _____ Postal Code _____ Country _____

Phone _____ Email _____

Signature _____

Date of initial visit _____

Practitioner signature _____