

# Quantum Energy Healing

## Consent Form

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Please take a moment to carefully read the following information, and sign where indicated.

As a healer, I do not medically diagnose or prescribe treatment. My approach is holistic, focusing on you as a complex dynamic unique being, a body, mind and spirit, and I serve as a facilitator in the process of your healing.

We may explore areas that influence your state of well-being, such as your childhood history, diet exercise and how you are in relationship to yourself and others. Your sharing is always kept confidential. I do however, at times discuss clients (without mentioning their names) with my professional peers.

The hands-on healing techniques balance, clear and charge the subtle energy - consciousness system of your body and remove energetic blocks that lead to disease, so that your body's natural ability to heal is enhanced. At times I will touch your body and at other times I may work with your energy field off your body. If at any time during the session you are uncomfortable, it is your responsibility to inform me. Self-care and participation is an extremely important part of your healing process. I may demonstrate and teach you some simple yoga stretches and breathing exercises to further enhance your well- being. These are integral to energy healing and you will greatly support your healing process. Due to the nature of this work, I recommend that you refrain from using alcohol beverages for 24 hours following your sessions. I am most happy to answer questions regarding my services and I also encourage you to express any concerns that you may have.

**Cancellation Policy:** Please advise 48 hours (minimum 24) in advance of a change or cancellation of an appointment, otherwise the cost of the treatment will be billed and must be paid prior to any further sessions. I can be reached at (845) 702 – 8541.

*Ila Gupta*

**Consent:** I have read and understand the above information. I understand that these services are not interpreted as a medical examination, diagnosis or a substitute for medical treatment and nothing said or done during the course of a session should be interpreted as such. My current questions have been answered to my satisfaction.

I have presented myself in my own name, in good faith and for no other reason than obtaining a natural therapy treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_