

**Disclosure Form
Pamela's HealingTouch
At Mindfulness, St. Mary's W.V.
(304-699-1419)**

I, Pamela Pritchett R.N., am a Healing Touch Practitioner. I have completed Level 5 training of the Healing Touch Program and intend to go on to receive the Healing Touch Program Practitioners International Certification.

Current certification in Healing Touch is as follows: Healing Touch Level 1 , January 2008, Healing Touch Level 2, May 2009, Healing Touch Level 3, March 2013, Healing Touch Level 4, May 2015, Healing Touch Level 5, November 2018.

I hold a traditional B.S. In Biology from Marietta College and an Associate in Science of Nursing from Maria College. Physical touch is included within my scope of practice as a Licensed Registered Nurse in the states of New York, West Virginia, and Ohio, and am a member of the American Holistic Nursing Association. I have been employed for over forty years in the field of medical imaging and I am currently certified in Basic Life Support to provide CPR. I carry professional liability insurance through Energy Medicine Professional Insurance.

I provide Healing Touch, an energy therapy in which the practitioner consciously uses their hands in a contact or non-contact heart centered and intentional way to support and facilitate physical, emotional, mental and spiritual health and healing. The healing traditions of many cultures emphasize the importance of subtle energy systems that flow through and around the human body, affecting it's health and vitality. Many of these traditions stress that balancing these energy fields can assist the body, mind, and spirit in moving towards and maintaining wellness.

Healing Touch is a gentle, complementary energy based approach to healing that can assist to bringing a body to it's natural ability to heal. Healing touch creates the opportunity for a client and practitioner to together create a healing plan.

Healing Touch is never meant to replace care from a qualified health practitioner or provider. I am not trained to diagnose illness or prescribe medical treatment, or surgery, or make recommendations involving pharmaceutical drugs, or handle medical emergencies.

Research studies suggest that Healing Touch is effective for physical and mental relaxation, pain management, anxiety, and stress reduction, and increasing one's sense of vitality.

Healing Touch is a non-invasive energetic technique, still being researched by traditional science, and currently has no known detrimental side effects.

During a session, (which can vary in length averaging 60 minutes). I will gently place my hands on or above the person's fully clothed body, noting any sensations or imbalances, to assess the energy field. I then choose a Healing Touch technique that is appropriate for your needs. This may include light physical touch or sweeping hand motion above the body. There is a high likelihood that you will experience the relaxation response during the session. A feedback discussion will follow. People have different responses to Healing Touch. Some clients feel nothing at all. Others describe sensations of moving energy, deep relaxation, feelings of being supported and nurtured, or visions of images and colors. Some patients experience an emotional release such as tears, some have what may be considered a spiritual experience or they may develop insight into specific areas of their lives.

Allow up to one and one half hours for the approximate 1 hour Healing Touch Session. The fee for the 1 hour session is \$60, payable to Mindfulness LLC, upon completion of service.

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Client Confidentiality/Rights

Your experience during our sessions are confidential and you have a right to view your files, which are kept in a secure location, upon written request. Confidentiality is subject to the exceptions:

1. You may instruct me to release information to health care providers.
2. I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (including circumstances where there is clear and imminent danger to yourself or to another person).
3. Your confidential personal file is kept in secure location and is retained for 5 years after you suspend services after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

You as a client, may discontinue services, change consent, and/or leave at anytime.

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I, _____, have received information and understand that Healing Touch is a gentle, complementary, energy based approach to health and healing that can assist in bringing a body to it's natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch.

I also understand and It has been explained to me that Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians or any other medical practitioner and that these sessions are not meant for diagnosing or treating any physical or mental disease or condition. I understand that Healing Touch services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. For any such concerns, it has been explained to me that I should seek assistance from my medical practitioner. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

It has been explained to me, and I understand that Pamela Pritchett R.N., is a Healing Touch Practitioner, who will not diagnose nor prescribe for any condition that I may have, nor will she make any specific claims regarding results for the Healing Touch sessions that I receive.

I _____ authorize that material from this Healing Touch and/or my anonymous confidential files may be discussed with an appropriate mentor for purpose of consultation, education, or support. All information will be handled professionally and confidentially. Such discussions enable my Healing Touch Practitioner to render better service and increase the effectiveness of my sessions.

I have been informed that all client information and records provided during the Healing Touch session will be kept confidential except under the guidelines listed previously under Confidentiality/Client rights.

I acknowledge receipt of the Disclosure Form, and Acknowledgment/Consent Form regarding, Pamela Pritchett's background and scope of practice, as well as guidelines of services offered by Pamela Pritchett R.N. and have read or had it read to me. I acknowledge that I have discussed, understand and have had any questions answered to my satisfaction.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Pamela Pritchett R.N. from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

I acknowledge that I was informed, it was explained, my questions were answered, I understand, and I hereby agree and fully consent to the services offered by Pamela Pritchett R.N. by signing below.

Signed: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____