

# Paint Your Soul's Canvas — Discover the Transformative Power of Reiki Healing

## Patient Consent REIKI Treatment

I, \_\_\_\_\_, hereby consent to receive a Reiki treatment from Ivonne Dippmann. I understand that Reiki is an alternative healing modality and does not replace medical treatment. I also understand that Reiki practitioners are not licensed medical doctors and cannot make medical diagnoses or prescribe medical treatments.

I understand that Reiki is a holistic healing modality based on the belief that energy flows through the body and that blockages or imbalances in this energy flow can lead to physical, emotional, or mental discomfort. I understand that Reiki can help to release these blockages and restore balance, but there is no guarantee of specific results.

I understand that during the Reiki treatment, I will lie down comfortably and that the Reiki practitioner will place their hands on or above my body to transmit energy. I understand that I may experience physical sensations, emotions, or thoughts during the treatment, which are part of the healing process. I understand that I may keep my clothes on during the Reiki treatment and that the Reiki practitioner will respect my privacy and physical integrity.

I understand that I have the right to stop or decline the treatment at any time if I feel uncomfortable. I understand that the Reiki practitioner will treat my personal and health information confidentially and that this information will only be used for the purpose of the Reiki treatment.

I understand that Reiki does not offer a guarantee of healing or relief from discomfort and that I should continue to follow the recommendations of my doctor or medical professionals. I confirm that I have read, understood, and accepted the above information. I agree to receive the Reiki treatment and release Ivonne Dippmann from any liability related to the treatment.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_