



THE GRATEFUL KOI

INFORMED CONSENT FOR REIKI TREATMENT

I hereby voluntarily request and consent to receive Reiki services from The Grateful Koi LLC.

I understand and acknowledge that no guarantees have been made to me as to the effect of such services.

I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness.

I understand that prior to my first Reiki session, I will receive an oral explanation of and description of a Reiki session. I understand that I may refuse any and all services at any time during my first session or during any subsequent sessions.

I understand that The Grateful Koi LLC upholds the highest standards of care and professionalism and as an IARP® Registered Reiki Professional, abides by the IARP Code of Ethics. A copy is available for review.

I understand that Reiki services provided by The Grateful Koi LLC are simply intended to enhance relaxation and to aid in stress reduction.

I understand that Reiki is not a substitute for medical treatment or medications, and is recommended that I concurrently work with my Doctor or Primary Caregiver for any condition that I may have. I am advised that if I am sick, I should consult my Doctor. I am aware that my Reiki practitioner does not diagnose illness or disease and does not prescribe medication.

If I experience any discomfort during the session, I will immediately communicate that to the practitioner so the treatment can be adjusted.

For Distance Reiki Sessions: I agree that I will not drive, operate machinery, or perform other potentially dangerous tasks during my distance Reiki session. I understand that my Reiki provider will contact me at the start of my scheduled session to confirm the start of the long distance treatment session. I understand that the distance treatment session will last between 20-25 minutes. I understand that my Reiki provider will contact me at the end of my treatment session to discuss the session and answer any questions or concerns I may have at that time.

Client Signature: _____ Date: _____

Client Printed Name: _____

Note: In lieu of a physical signature, electronic signatures may be requested by The Grateful Koi for client Informed Consent and Waiver of Liability acceptance.