

Lisa Lewis
Energy Healing Practitioner
Body Mind Counselor
Disclosure and Release Form

I, the undersigned, understand that Lisa Lewis is a certified Energy Healing Practitioner and also a Body Mind Counselor. She has over four years of training with the Lionheart Institute of the Energy System of Healing. She is not a physician, psychologist or licensed as a psychotherapist. I, therefore, am not seeking diagnosis for any mental or emotional disorder, nor am I seeking marriage counseling. I am voluntarily requesting holistic counseling, energy healing, spiritual understanding, behavioral improvement or self-development. This may include breath work, guided imagery, movement, touch, energy healing while being fully clothed, and body/mind counseling. Energy healing and body/mind counseling help improve physical, mental, emotional, and spiritual well-being by supporting the body's natural healing mechanisms leading to a greater sense of well being, peace and calmness. The treatment is alternative or complementary to healing arts services licensed by the state, and none of the modalities mentioned are licensed by the state. Such practice is fully permissible under the California State Senate Bill SB577 in effect as of January, 2003 and Business and Professions Code 2052, 2053.5, and 2053.6.

I am advised to maintain appropriate care and treatment from my medical doctor, chiropractor, acupuncturist, herbalist, psychologist, or other caregivers in order to maintain an effective network of health care on all levels.

I take full responsibility for how I choose to interpret and implement all information and experience derived from any session I may have with Lisa Lewis. I am responsible for my own life, choices and actions, which includes financial responsibility agreed to by my spouse or family, if applicable.

I, the undersigned, therefore, release Lisa Lewis from all liability, demands, claims, actions, loss, costs, risk, or compensation for indirect, incidental or consequential damages whether physical, mental or practical resulting from initial and succeeding sessions. I have read this agreement and fully understand its contents. I am aware this is a release of liability and a contract between Lisa Lewis and myself and I sign it of my own free will.

Signature: _____ Date: _____

Printed Name: _____

_____ I acknowledge that I have received a copy of the initial disclosure and release form for my records.