Consent Form for working with Dani Palacio at Hola Amor Company, LLC

I understand that Reiki & Alchemy Sessions involve a natural method of energy balancing for the purpose of stress reduction and relaxation. I understand very clearly that a Reiki & Alchemy Sessions are not a substitute for medical or psychological diagnosis and treatment. I also understand that it is not massage therapy. I understand that Reiki & Alchemy practitioners do not diagnose conditions, nor do they prescribe substances, nor interfere with the treatment provided by a licensed medical professional. It is recommended that I see a licensed health care professional for any physical or psychological ailment I have.

The purpose of this Consent is to explain what I can do for you and what you can expect. My belief about healing is that each of us is her or his own healer; that healing comes primarily from within. I can assist you in your healing by doing various kinds of modalities that will balance and enhance your sense of well-being. Among the techniques that I use are Reiki and Daoist Alchemy Treatments and Points (healing by laying on of the hands, but not necessarily limited to this), Energy Kinesiology, Tapping techniques as EFT (Emotional Freedom Technique) and energy work done with both of my hands on the body and also throughout the Human Energy Field, which surrounds the body.

At times, I may also employ the use of Creative Visualization to help you in your healing process. We will discuss the major stresses of your life, your belief system, health history, your childhood and any other issues that have influence on your emotional and physical well-being. These discussions will be kept confidential. I may recommend some dietary or lifestyle changes, which you may implement. if you choose. I will be able to tell you where energy is blocked in your body and help you to release those blocks. I am not a physician or a psychotherapist. Therefore, I do not diagnose or prescribe drugs.

At all times, your healing is your responsibility. I am available to be your partner in this process-- your committed listener and your mirror. I cannot advise you to discontinue any medical treatment or psychotherapy you may be receiving. My work is intended to be in harmony with any other healing work you may undertake, including Conventional Medicine.

Please feel free to discuss our work with your doctor or therapist. I prefer to set up a schedule to work with you, but there is never an obligation to do this or to continue any of my healing techniques/modalities. I would appreciate as much notice as possible if you must reschedule an appointment with me; with less than 24-hour notice, half of the fee will be charged for any missed session.

In signing the attached "Acknowledgment and Release", you agree that I may work with you in the above-described manner. I make no promises other than those outlined above. Most of my clients experience increased well-being and improvement in their condition(s), some have experienced complete healing. But I cannot promise/ guarantee these things. Also, I'm not aware of any risks or negative side effects associated with these techniques/modalities.

Acknowledgment and Release Form for Dani Palacio and Hola Amor Company, LLC

Client Information

Full Name: _____

Phone Number: _____

Email Address: _____

Acknowledgment of Services

- I understand that energy healing (such as Reiki, chakra balancing, or intuitive touch) is a gentle, complementary practice.
- I know that the practitioner is not a licensed medical doctor, psychologist, or healthcare provider.
- I understand that energy sessions do not replace medical or psychological care.
- I agree to keep seeing my regular medical doctors and follow their advice.

Informed Consent

- I understand that energy healing works with the subtle energy field of the body.
- I give my permission for the practitioner to use light touch or hold hands just above my body.
- I know I can ask to stop or change the touch at any time during the session.
- I understand results vary and the practitioner cannot guarantee specific outcomes.

Release of Liability

- I release the practitioner, their business, and their location from any and all legal claims.
- I accept full responsibility for my own well-being during and after the session.

Client Signature: _____ **Date:** _____