



Cellular Alchemy

Path To Serenity

Disclaimer

I, _____ have requested services, sessions, or programs provided by Cellular Alchemy (which may include Psychosomatic Consultations, BodyMind Analysis, Emotional Release Body Work, Liquid Crystal Mineral Therapy, Foot Detox, Lymphatic Activation, Workshops, or any other therapies offered or recommended by Cellular Alchemy) for my own benefit and personal growth. This disclaimer applies to all current and future sessions, workshops, or programs, whether single, part of a package, or conducted online or in person.

I am aware that the session(s) entails:

1. All information given and the analysis results will be treated as confidential.
2. Any further treatment is of my own choice, and there is not any other obligation to the analyst.
3. As most body work sessions require the analysis detail, this requires the client to be either in their under clothes or in a two piece swimsuit during the analysis. This is done in keeping with the clinical and ethical standards.
4. The analysis session is a diagnostic tool of my present condition and past conditioning. However, during the analysis session, due to the nature of a detailed and comprehensive study and the explanations given, mental and emotional energies in the subconscious start to surface almost immediately. I have been informed in advance of the therapeutic consequences that commence and may continue in the following weeks.
5. There is always some risk associated with any treatment. Some potential responses from Emotional Release Bodywork include pain, bruising, dizziness, fainting, tingling or numbing, and aggravation of your current condition. To minimize the above possible risks, please advise if you become uncomfortable or experience pain during treatment, if you bruise easily or are on any blood thinning medications or feel light headed or dizzy during or after the treatment.

I understand that the aforementioned are possible significant risks and complications specific to my individual circumstances that may have a bearing upon my decision to proceed with the proposed treatment. The practitioner has explained the treatment options to me and will discuss with me during the treatment if she makes any further changes to the treatment. The practitioner has explained the associated risk and possible side effects with this treatment and potential risks or outcomes if the treatment is changed. The practitioner has explained that I have the right to refuse treatment or changes to the treatment and that she or I have the right to stop the psychosomatic treatment at any time. I understand that I have the right to ask for further information on treatments that include breast, buttock, or groin areas, and can refuse treatment of these areas at any time. Initial: _____

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6. Liquid Crystal Remedies are a recommendation only and there is no obligation on me, the client, or the practitioner representing Cellular Alchemy.
7. Any and all activities are designed to assist the client on their healing journey.
8. This agreement about confidentiality continues after the client's death unless there are overriding legal or ethical considerations. In cases where the client's safety is in jeopardy, any confidentiality agreements that may interfere with this safety are to be considered VOID.

"Full Terms & Conditions, including refund policy, privacy, and data handling, are available on our website and form part of this agreement."

I, _____ declare the information provided is true and correct and take responsibility for informing the practitioner of any changes to my health. I agree to undertake treatment.

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____

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