



**HARMONY HEALING**

**Patty Alfonso BMC, EHT**

**T: (424) 226-8249**

## **Disclosure and Release Form**

I, \_\_\_\_\_, understand that Patty Alfonso is a Holistic Energy Healer having received training from the Lionheart Institute of Transpersonal Energy Healing. She is not a physician, psychologist or licensed as psychotherapist. I, therefore, am not seeking diagnosis for any mental or emotional disorder, nor am I seeking counseling. I am voluntarily requesting energy healing, spiritual understanding, behavioral improvement and/or self-development. This may include fully clothed breath work, guided imagery, movement, energy healing with some massage and/ or nutritional counseling.

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 Business and Professions Code Sections 2052, 2053.5 and 2053.6 in effect as of January, 2003.

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 sessions I may have with Patty. 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 Patty Alfonso 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 Patty Alfonso and myself and I sign it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*Entering your email address gives me permission to add you to my mailing list. You will receive 2 emails a month. Once with a Body/Mind Mantra of the Day and another with information regarding workshops or special discounts for my clients.**