

# Informed Consent Form



**Please read carefully and sign below**

I understand that the Accunect sessions offered by

\_\_\_\_\_ are not a replacement for medical treatment when necessary.

I understand that the purpose of the sessions is to increase my own conscious and subconscious awareness of areas where my body can manage its own self-healing process more effectively on all levels, mind body and spirit.

I also understand that no medical diagnosis or prognosis of recovery can be given on the basis of consciousness based healing and Accunect. Therefore, I will not interpret any statements by the above named practitioner as a diagnosis or prognosis of my condition.

By signing my signature below I agree to sessions from the above named practitioner with this understanding.

**Print Name of Client:** \_\_\_\_\_  
(For yourself or your child if under 18 years of age)

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

**Print Name on Signature:** \_\_\_\_\_  
(If different from client)