

Nondual Consent Form

The purpose of this consent form is to explain my work, Nondual Kabbalistic Healing, and in return to give you an idea of what you can expect.

Nondual Kabbalistic Healing is based on a precious relationship; the connection between the client, the Divine and the healer. It addresses the physical, psychological and the spiritual realms. It opens a holy space to intimately hold each client in relationship to his or her essential nature therefore allowing healing to occur. A wholistic integrated approach of body, mind and spirit; it is our bodies communicating to seek the truth. We are immersed in the fluidity/movement of life and each experience becomes different when viewed from this place. Only through experiencing the continuum of life, the known and the unknown, can we acknowledge our individual uniqueness and simultaneously realize our connectedness. Through the Tree of Life, Nondual Kabbalistic Healing provides the essential compassionate support needed to return to a more unified relationship with the Divine, the return to wholeness.

We will explore areas of need with your highest spiritual, emotional and physical wellness being honored at all times. I am here to support you through any difficulties that may arise as healing unfolds. At all times healing is your responsibility. My work includes working in harmony with traditional medicine as well as any other alternative form of medicine. Feel free to discuss this work with any of your health practitioners. I do not diagnose disease or prescribe treatments. I do not advise discontinuing any medical treatment.

At selected times please be aware that I may be discussing in confidence our work together with a healing supervisor or professional peers. All information will remain confidential.

Appointments are available in person as well as long distance. The fee for each session is \$100. Missed appointment without a 24-hour notice minimum will be charged a full fee.

Acknowledgment and Release

The client hereby acknowledges that he or she has read the forgoing CONSENT FORM, is satisfied that he or she fully understands the nature of the treatment and freely elects to receive the same.

I hereby release and forever discharge HEIDI M. JOST for all claims and demands whatsoever which I, my heirs, executors, administrators and assigns have, or may have, against them by reasons of any injury of any nature whatsoever which I might suffer as a result of any session and hereby expressly declare that any such activities are entered into by me voluntarily in an effort to increase my knowledge of the situation at hand. I release Heidi M. Jost from any and all claims of malpractice, nondisclosure or lack of informed consent. I understand that each persons' outcome will be dependant upon their own unique situation and openness at this time so that I freely assume the responsibility for any and all risks of this approach to healing whether presently contemplated or hereinafter discovered.

Please sign the sheet to signify that you agree and understand. Thank you

_____ Date _____

Print Name _____

Practitioner's Signature _____ Date _____