Retracing Sequence Method™ Consent Form

Retracing Sequence Method™ (RSM™) approaches wellbeing from a traditional Christian perspective, while incorporating and utilizing the science of neurobiology, quantum physics, kinesiology, and epigenetics. Through a natural, non-invasive approach, RSM addresses emotional stressors arising out of the psychology and physiology of unresolved stress and supports transformation through the creation of new positive belief systems (neurogenesis).

Consent and Session Waiver

I understand that the attending RSM Practitioner(s) are not allopathic doctors (MDs) and do not portray themselves to be, and that no government agency has endorsed the efficacy of such techniques. I agree no claim to the contrary has been made. _____

I understand the basic ideas, goals, and methods of RSM™ are a form of neuro-emotional therapy. I understand that the services provided work with energetic imbalances and stress reduction protocols. _____

I acknowledge RSM is NOT counseling. I will not receive a diagnosis, treatment, or prescription for any disease, condition(s), illness, or have any act performed that would constitute the practice of medicine for which a license is required. I agree no promises as to the expected results from RSM sessions have been made and that reaching my session goals are not guaranteed. _____

I also understand, acknowledge, and agree RSM Practitioners do not provide mental health crisis intervention or other emergency services. _____

I acknowledge RSM includes spiritual values from a traditional Biblical perspective. _____

I acknowledge RSM works on *emotional reality*, which may differ from historical reality. _____

I have solicited the attending practitioner's services in good faith, exercising my free will and following the dictates of my own conscience, which allows me to understand what is most beneficial to my health. I release the RSM Practitioner(s) to utilize the RSM approach. _____

I hereby give my full consent for the utilization of the Retracing Sequence Method bodywork approach, which involves appropriate light physical contact and authorize such physical contact as an integral part of my session(s). If I am uncomfortable at any time, I will so inform the RSM Practitioner. _____

The key procedures involved in a RSM session have been fully explained to me. I have had the opportunity to ask questions and receive answers to my complete satisfaction prior to the conduct of any sessions. Having been thus informed, I consent to proceed with a RSM session(s). _____

Agreement to Pay for Services, Cancellations, and No Shows

I agree to the following fee schedule: _____

- Intake Session (90 minutes) $195.00
- Regular Sessions (60 minutes) $150.00 (additional $25.00 if session goes over this time)
- A $50 fee will apply for cancellations within 48-hours of my session or if a "no-show"

I understand RSM services are *not covered by insurance* and agree that I am fully responsible for payment of services received and shall make full payment at the time of my RSM session. _____

I am aware that I may stop my sessions at any time; however, I agree I am still responsible for all session fees and services that have been received. _____

Confidentiality & Limits of Confidentiality

Confidentiality issues and *Limits of Confidentiality* issues have been explained to me. This means what is discussed within my RSM session(s) and the contents of my file may not be released without my prior written permission (i.e. by a signed release), apart from the following exceptions: 1) suspected child abuse, 2) imminent danger to self or others, or 3) mandated by court proceedings. _____

Unless otherwise stated, I understand RSM Practitioners are not mandatory reporters, under any legal governing body or insurance boards and therefore are not subject nor required to report abuse, or seen as a reliable witness in a court of law, or work with insurance providers, or under HIPAA laws. _____

My signature below indicates and acknowledges 1) I have read and understand all parts of this consent form, 2) I have had the opportunity to ask questions with regard to the described procedures and aforementioned information, and that I acknowledge: I am not here for medical diagnostic or psychological procedures, and 3) I am here on this and subsequent visits solely on my own behalf. With enough knowledge, and without force, I enter into agreement with this RSM Practitioner for RSM session(s). _____

I hereby forever waive, release, and relinquish any and all claims and causes of action that I or my heirs may have against the RSM Practitioner named below for any loss, expense, or injury, including death, suffered from or in connection with my RSM sessions. _____

*If client is a minor (18 years or younger), I request that the RSM Practitioner named below provide services to the minor, _____, who is my _____.

_____ _____
Print Name Phone Number

_____ _____
Signature of Client or Legal Guardian for a Minor Client Date

I, the RSM Practitioner, have discussed the aforementioned information with the client (and/or the person acting on behalf of the minor client).

_____ _____
RSM Practitioner's name Date