

# **Virtual Agreement**

## **Client Agreement for Services, Disclosures & Consent**

### **Natural Connections Healing Touch**

**Practitioner Name and Credentials:** Lori Volding, HTCP, MEd

**Practice Name:** Natural Connections Healing Touch

**Practice Location:** Telluride, CO and Minneapolis, MN regions

**Contact:** Lori Volding, Cell Phone: 612. 388. 9441, Email: [naturalconnectionsht@gmail.com](mailto:naturalconnectionsht@gmail.com)

**Website:** [www.naturalconnectionshealingtouch.com](http://www.naturalconnectionshealingtouch.com)

#### **Definition of Healing Touch**

Healing Touch is a relaxing energy based therapy received while comfortably dressed either lying down or sitting up. The practitioner uses their hands consciously in a heart centered approach to facilitate and support one's physical, mental, emotional, & spiritual health and wellbeing. I offer in person and virtual sessions as a complementary and alternative health care practitioner under Colorado's Natural Health Care Consumer Protection Act, and Minnesota's Complementary & Alternative Health Care Client Bill of Rights. During your virtual energy healing session, I use visualization and intention to connect with you at an energetic level. Healing Touch is intended to complement and not replace any prescribed medical care. Practitioners do not diagnose conditions or prescribe treatment.

#### **Session Information**

1. I understand that the same standard of care applies to a virtual session as applies to an in-person visit.
2. I understand that the laws that protect privacy and the confidentiality of personal information apply to virtual sessions.
3. I understand that I will not be physically in the same room as the practitioner. I will be notified of, and my consent obtained for anyone other than the practitioner to be present or work with me.
4. **Risks to Confidentiality:** I understand that as virtual sessions take place outside of the practitioner's office, there is potential for other people to overhear conversations if I am not in a private place during the session. The practitioner will take reasonable steps to ensure privacy. It is my responsibility to find a private place for the session where I will not be interrupted. I also understand that it is my responsibility to protect the privacy of our session on the device being used.
5. Virtual Healing Touch services involve the use of secure interactive videoconferencing devices and equipment that enable the practitioner to deliver services to the client virtually when both are located at different sites. Video is especially helpful to new clients and the practitioner. Whichever is applicable, I understand that Zoom or Facetime will be offered. If a video call is not feasible, I understand voice call via phone is optional.
6. **Technology Issues:** I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
7. If it is determined that the video conferencing equipment or connection is not adequate, I understand that either the practitioner or I may discontinue the virtual session and make other arrangements to complete the session.

**Fee Schedule**

Initial Healing Touch Session (Virtual and In Person) \$140  
 Ongoing Healing Touch Session (In Person) \$120, (Virtual) \$100  
 Add on of 'M' Technique w/essential oil: \$20  
 A sliding fee is available.

**Payment Options**

Zelle, or paypal are accepted for virtual sessions; in addition, cash, or check for in-person.  
 I do not handle insurance claims; however, a receipt can be provided to you.

**Appointment Cancellation Policy**

Cancellations made less than 12 hours notice and missed appointments without notice are subject to a fee half the session fee. You understand that your appointment time is reserved for you and that it is important to give notice if you are unable to make your appointment. Please note that exceptions will be made for unforeseen emergency situations.

**Confidentiality**

All client information and records are treated in a confidential manner and no information will be released to anyone without my prior written consent, except in situations governed by law.

**Disclosures**

- ❖ Healing Touch Practitioners do not diagnose conditions or prescribe treatments.
- ❖ No specific claims will be made by the practitioner regarding results from the Healing Touch sessions.
- ❖ Treatment goal(s) will be mutually identified as part of the assessment and clients have input in the goal setting process.

**Practitioner Liability Insurance**

Insurance Co: Tokio Marine Specialty Insurance Co

**Hold Harmless Clause**

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless, Practitioner Name, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

**Client Consent for Treatment**

\_\_\_\_\_ (Client's Initials) I have read this document and I have been given the opportunity to ask questions.

\_\_\_\_\_ (Client's Initials) I take responsibility to inform my practitioner of any changes in my health status.

\_\_\_\_\_ (Client's Initials) Yes, I give consent to Lori Volding to conduct a Virtual Healing Touch energy therapy session to balance my energy system and support my health and well being.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are completing this form electronically, typing your name in the space provided above will be considered your signature and account for your acceptance & agreement of this agreement for services, disclosures & consent.