

Disclosure Statement & Client Consent

Natural Connections Healing Touch

Lori Volding, HTCP

The **Colorado Natural Health Consumer Protection Act (SB13-215)** was passed on June 5, 2013. This legislation gives natural healing practitioners the right to practice in Colorado. The purpose of this legislation is to give all natural health practitioners who are not licensed by the State of Colorado the legal right to practice provided they disclose specific information to the client. Please read all sections carefully, and contact Lori if you have any questions or you do not understand any part of this document.

Contact Information

My name is Lori Volding, a Healing Touch Certified Practitioner, owner of Natural Connections Healing Touch. My practice is located in Minneapolis MN & Telluride, CO regions. I can be reached by cell: 612.388.9441, email: naturalconnectionsht@gmail.com, or by website: naturalconnectionshealingtouch.com.

Services Offered & Certification

Healing Touch, *Healing Touch Certified Practitioner*

- ❖ I offer in person and virtual Healing Touch (HT) energy therapy as a complementary health care practitioner under Colorado's Natural Health Care Consumer Protection Act.
- ❖ HT is a relaxing energy 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.
- ❖ Intervention methods are applied with gentle hand placement on or above the client's body to bring balance and harmony to energy that has been depleted, due to stress, illness, injury, grief, medical conditions, surgery or medical treatments such as chemotherapy and radiation.
- ❖ It is an effective, safe, and relaxing integrative therapy used widely in healthcare and private settings for all ages from newborn to elderly.

'M' Technique®, *Certified 'M' Technique® Hand & Foot Practitioner and Trainer*

- ❖ 'M' Technique® is a structured touch on your hands or feet of your choice, performed in a set sequence, number and pressure of strokes, offered in addition to HT energy therapy.
- ❖ It is known to benefit those with general stress, insomnia, and end of life agitation.
- ❖ An essential oil of choice is offered.

End of Life Doula, *University of Vermont, End of Life Professional Certificate*

- ❖ End-of-Life Doulas complement the care provided by family members and friends, as well as palliative and hospice professionals, in the hospital, senior care facility, hospice, or home settings. Jointly with HT, I offer compassionate care, emotional support during terminal illness, the dying process, and bereavement, helping to lower stress levels and aid in comfort for clients and their loved ones.

Education and Experience

I received training through The Healing Touch Program, an internationally recognized and accredited program that requires five course levels, a rigorous certification process including 100 documented sessions, a case study, and a year-long mentorship process.

My experience in providing HT & 'M' Technique® is through volunteer programs, caring for patients at M Health Fairview Woodwinds Hospital in Woodbury, MN, and Touch of Care Hospice in Mountain Village, CO. I have also had the honor to provide HT to family members, friends, healthcare staff, and clients in person & virtually.

My former training is in teaching. I have a Masters in Physical Education, with an emphasis in teaching Developmental Adapted PE. For over 20 years I had the privilege to work with students ages 3-21 in the medical and educational settings. Such experiences as a teacher, present similar goals as an HTCP, providing opportunities to support and enhance one's personal health and wellbeing.

Benefits of Healing Touch

- ❖ Recent research studies suggest that Healing Touch is effective for physical and mental relaxation, pain management, anxiety and stress reduction, and increasing one's sense of vitality.
- ❖ Clients of Healing Touch typically report experiencing the relaxation response and often report an increased sense of well-being and peace; there are no known detrimental side effects.
- ❖ Positive experiences reported include coping with illnesses, medical protocols for treatment of medical conditions & depression.
- ❖ I can make no specific claims regarding the results you may experience from a Healing Touch session.

Outcome Expectations/Risk

While clients report positive outcomes, it's not possible to guarantee any specific results. Although uncommon, it is possible to experience physical discomfort related to stressful experiences you may have had earlier in your life; If you experience any emotional distress and/or physical discomfort during a session or between sessions, promptly inform me. I will refer you, if appropriate, to a professional health care provider for further assistance. My work is to support & enhance your physical, mental, emotional, & spiritual health and wellbeing.

Regulation and Governance

No governing body regulates the work I do as Natural Connections Healing Touch. I am not licensed, certified or registered by the state of Colorado as a healthcare professional. Because I am not a licensed health care provider, you should discuss any recommendations provided with your Primary Care Physician, Obstetrician, Gynecologist, Oncologist, Cardiologist, Pediatrician or Pediatric Health Care provider, or other Board Certified Physician, or Mental Health Care provider. Natural Connections Healing Touch is not a substitute for licensed health care.

Insurance

Natural Connections Healing Touch is covered by liability insurance applicable to any injury caused by an act or omission in providing complementary and alternative health care services.

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.

Cancellation & Payment Policy

- ❖ Cash or personal checks are accepted and welcome, or payment through zelle or paypal.
- ❖ All returned checks will be subject to a \$20 fee.
- ❖ I do not handle insurance claims; however a receipt can be provided to you.
- ❖ 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/Client Rights

Your experiences during our sessions are confidential, and you have a right to view your files upon written request. Confidentiality/Client Rights & Responsibilities is subject to the following exceptions:

- ❖ You may instruct me to release information to other health care practitioners in writing.
- ❖ I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to yourself or another person).
- ❖ Your confidential personal file is kept in a secure location and is retained for 4 years after you suspend services after which time all information will be destroyed in a proper manner.
- ❖ Your confidentiality is always subject to the usual exclusions dictated by state & federal laws & regulations.

Client Responsibilities

I understand that:

- ❖ Sharing my known health conditions is necessary, and to keep the practitioner updated on my health in future sessions, regarding, but not limited to, pregnancy, serious injury, illness, or psychological conditions.
- ❖ An assessment will be conducted to determine the general health of my energy system and this information will be shared with me.
- ❖ Any suggestion made by the practitioner will be to assist my body's natural ability to achieve a balanced state to the extent my body or my highest knowing will allow.
- ❖ The intention of my treatment will be identified as part of the treatment process and will have input into my intention setting.
- ❖ These sessions are not meant to replace treatment by established medical practices but to complement them.
- ❖ No guarantees as to the results of treatment are expressed or implied by the practitioner.
- ❖ I understand that all issues related to my sessions will be kept confidential.
- ❖ I am always in control of my sessions and may stop a session at any time.
- ❖ If I have questions or concerns about my health, I will consult with my physician and take responsibility for my own health and well-being.

I agree to :

- ❖ Raise any questions about anything I do not understand.
- ❖ Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners.
- ❖ Take full responsibility for my own health care.
- ❖ Acknowledge and understand that this is accomplished through the use of contact and/or noncontact touch.
- ❖ Give consent to Lori Volding, HTCP to conduct an in-person and/or virtual healing touch session to balance my energy system and support my health and wellness.

Confidentiality

I understand that all issues related to my sessions will be kept in confidence unless specified in writing or governed by law.

Consent for Services

I _____ (Print Full Name) consent to the complementary therapies described above. I understand that Healing Touch and 'M' Technique modalities are not a replacement for licensed medical or mental healthcare. No guarantees have been made to me regarding cures or improvements.

Confirmation

I have read this document carefully and understand each section. I have felt free to ask any questions regarding this document; and if I have asked questions, the answers have been explained to me with satisfaction. I understand that I am free to withdraw this statement in writing and to discontinue services at any time.

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 & account for your acceptance and agreement of this Disclosure Statement & Client Consent.