**Jan Konow**

Informed Consent

I understand that Jan Konow is not licensed by the State of Oregon or any other government agency. I further understand that Jan Konow is a Licensed Spiritual Healer (LSH), certified through National Therapies Certification Board (NTCB), and is a Certified Vibrational Sound Master Teacher qualified to help me surrender to the Divine and accept divine healing on every level of my being.

I understand Jan Konow is working in complete compliance with all state and federal rules and regulations regarding sound techniques. Jan Konow is a Certified Vibrational Sound Master Teacher (CVSMT) who uses Vibrational Techniques in the form of Tuning Forks to help me relax and manage my stress and pain, and enhance the quality of my life.

As a Licensed Spiritual Healer, I understand Jan Konow may utilize spiritual healing techniques such as Reiki to help me manage my stress and/or pain.

I understand that if I have -- or if I think I have -- a medical concern, condition, disease, disorder, issue or symptoms, OR a psychological or emotional concern, condition, disease, disorder, issue or symptoms, Jan Konow will help me reduce any related stress and refer me to a licensed chiropractic, medical or osteopathic physician, a licensed counselor, psychologist or psychiatrist for further assistance.

I understand that I am responsible for my own health, healing and well being. I also understand that I have the ability to heal myself. I further understand Sound Techniques are not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand Jan Konow may provide various ­­­­­­­­­energy and Spiritual techniques. She will only do so if I ask and if I fully understand the possible consequences of an adverse reaction including some minor discomfort while my body is healing itself.

I will keep Jan Konow fully advised about my concerns so the intervention may be terminated if necessary or revised to minimize any harm to myself.

I understand that human responses to sound techniques and/or spiritual healing vary considerably and are not predictable because of the unique chemistry and make-up of each individual. I agree to inform Jan Konow of any discomfort.

I understand my identity and any information about me, whether I share it with Jan Konow or she discovers it on her own, will be held in the strictest confidence, except when released by me in writing or as required by law.

I agree to settle any disagreements I have with Jan Konow and if this is not possible, then I agree to turn our concerns over to the Peacemaking Conflict Resolutions Services (PMCRS) to mediate an agreement acceptable to both myself and Jan Konow.

I acknowledge that I have read and understand this form. Jan Konow has answered all of my questions. I agree to allow Jan Konow to help me learn to heal myself using Spiritual healing services.

Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jan Konow signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_