

Donna Evans Strauss
241 Riverside Drive
Holly, Hill 32117
destrauss418@gmail.com
(215) 470-2227

Consent for Treatment

The purpose of this consent form is to explain to you what I can do for you and what you can expect. My belief about healing is that each of us is his or her own healer; that healing comes primarily from within. I can assist you in your healing with techniques that will balance your energy and enhance your sense of well being. The techniques I use are laying on of hands and energy work, done both with my hands on the body and through the Human Energy Field (HEF) which surrounds the body. I will be able to assess your HEF to help you on your Healing Journey.

I do not medically diagnose or prescribe treatment. My approach is holistic, focusing on you as a complex, dynamic and unique being of body, mind and spirit. My work is intended to be in harmony with any other healing work that you undertake, including conventional medicine.

If you are uncomfortable at any time during your session with me, it is your responsibility to inform me. Self-care is a very important part of your healing process. Due to the nature of this work I recommend that you be gentle with yourself for 24-48 hours following each session and allow your self to rest.. It is advisable that you drink lots of water, eat lightly and refrain from any alcoholic beverages for a couple of days.

I prefer to set up a regular schedule to work with you but there is never an obligation to continue treatment. Sessions are usually 1 hour or 1.5 hours. My professional fee is 120 per hour, 175.00 per 1.5 hour. If you need to cancel an appointment, please give me 48 hours notice. Except for emergencies or illness, if I have less than 24 hours notice you are responsible to pay the full amount for the missed session. I will give you 30 days notice of any increase in my fee.

I am most happy to answer any questions regarding my services, and I also encourage you to express any concerns. In signing this Acknowledgment and Release below, you agree that I may work with you in the manner described above.

Acknowledgment and Release

I hereby acknowledge that I have read the foregoing Consent for Treatment, I understand the nature of the treatments and confidentiality policy, and I freely elect to receive these treatments. I release Donna Evans Strauss from any and all claims of malpractice, non-disclosure, or lack of informed consent.

Date.....

Signature.....

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Confidentiality Policy

We may discuss areas that influence your state of well-being, such as your health history, life stressors, your belief systems and attitudes, your family and childhood history, diet, exercise and how you are in your relationships. Your sharing is always kept confidential. I do, however, discuss clients (without mentioning names) with my professional supervisor or professional peers for the purpose of my continuing professional development and to assist me further with your healing needs. I may from time to time request that you see another professional that address either medical or psychological issues that arise. At that time, I would ask you to sign a confidentiality agreement for me to discuss any of your health concerns with another practitioner. This insures that only pertinent information is shared between practitioners and you are aware and approve of this professional courtesy.

Acknowledgment and Release

I hereby acknowledge that I have read the foregoing Confidentiality Policy and I understand the nature of the policy. I freely elect to allow _____ to share my personal information only in the manner described in this policy.

Date.....

Signature.....