

Janna Moll HTCP, MSN, CMT  
6594 E Dutch Creek St.  
Highlands Ranch, CO 80130

### Client Consent for Treatment

**I understand that:**

- ◆ 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 that my body or my highest knowing will allow.
- ◆ The goal of my treatment will be identified as part of the treatment process and that I will have input into my goal setting, as well as give intent for it.
- ◆ 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 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, homework, focus of introspection.
- ◆ Take full responsibility for my own health care.
- ◆ Give consent to Janna Moll to conduct a session to balance my energy system. This will involve light touch on or over the body.

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

**CANCELLATION POLICY:** If you must cancel a session, please cancel 24 hours prior to the start time of the session. If you do not, because I cannot book another client in the time slot I have reserved for you, I will ask you to pay for the missed session. (Of course, in the case of an emergency (e.g., serious illness) the fee for the late cancellation will not be charged.)

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

Name (please print) \_\_\_\_\_