

BodyTalk Consent Form

I, _____ (print name), understand that the BodyTalk session provided by Catherine Ruivivar, Certified BodyTalk Practitioner, is intended to enhance relaxation, increase communication within areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. I acknowledge that The BodyTalk System is non-invasive, safe, and objective, utilizing the body's own innate intelligence to reestablish communication within itself.

I understand that the BodyTalk System is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

I understand that participation in a BodyTalk session is voluntary and that at all times I may choose to end my participation. In addition, BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk Practitioner will inform me where tapping and/or touching by the Practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that information exchanged during any session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my BodyTalk session(s) and I hold harmless the BodyTalk Practitioner, health clinic and facility/location where the session is provided.

If I have any questions or concerns, I will address these promptly with the BodyTalk Practitioner. I hereby authorize Catherine Ruivivar to provide me with BodyTalk sessions. Confidentiality will be maintained at all times.

Signature _____ Date _____

Please Print

Address _____ City _____ State _____ Zip _____

Home phone _____ cell _____ work _____

Emergency Contact _____ emergency # _____

Email _____ yes _____ no _____

(May I contact you by email for appointment reminders, BT session specials, BT updates?)