

The Colorado Natural Health Consumer Protection Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items I-V below. To be compliant, I must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for two years following your last session and give you a copy. Please initial next to each item that you have read and understand.

(I) Contact Information Initials: _____

My name is Lauri Pointer. I am the owner of Lauri Pointer- Energy Healing & Wellness (referred to as EH& W throughout this document). My contact information is:
1417 Beech Court., Fort Collins, CO 80521 970.430.4771 lauri@lauripointer.com

(II) About Lauri Pointer- Energy Healing & Wellness (EH&W) Initials: _____

EH&W sessions include a combination of energy healing, intuitive guidance, wellness consultation, and essential oils. Raindrop Technique sessions are also offered as requested. You will receive hands-on and/or hands-off energy work and any spiritual or intuitive guidance that comes through specific to your reason for being here. You may also receive wellness coaching that incorporates suggestions for nurturing your physical, emotional, mental, and spiritual well-being specific to your personal goals.

(III) Education and Experience Initials: _____

I am a Healing Touch Certified Practitioner (HTCP) and have been in practice since 1997. I have a B.S. degree from Colorado State University in Exercise and Sport Science with a Wellness Management concentration. I have completed Raindrop Technique training through Young Living and have completed an Advanced Raindrop Technique course. I am a Certified Journal to the Self Instructor and have been teaching journaling since 2001.

(IV) Regulation and Governance Initials: _____

No governing body regulates the work I do as Lauri Pointer- Energy Healing & Wellness. I am not licensed, certified or registered by the state of Colorado as a health care professional. Because I am not a licensed health care provider, you should discuss any recommendations made by me with your primary care physician, obstetrician, gynecologist, oncologist, pediatrician or other board-certified physician or licensed mental health care provider. EH&W is not a substitute for licensed health care.

(V) Insurance Initials: _____

EH&W is covered by ABMP liability insurance. You are receiving sessions from me at your own risk. My physical office location is insured in the event that you fall and injure yourself while on the premises for the purpose of attending your session.

(VI) Fee Schedule Initials: _____

First Session Energy Healing \$90 (Full time student/Child rate is \$80)
Ongoing Sessions Energy Healing \$80 (Full time student/Child rate is \$70)
90 Minute Session Energy Healing \$110
First Session Raindrop Technique \$100 (if you have not already had an intake interview for a Healing Touch session)
Ongoing Sessions Raindrop Technique \$90 (\$80 for children 12 and under)
Sliding scale and/or payment plan arrangements may be available – please tell me if you need accommodation to afford your session today.

(VII) Cancellation & Payment Policy Initials: _____

Unless other arrangements have been made in advance, payment for your session is due at the time of or prior to service. 24 hours notice is required when cancelling an appointment. If you cancel with less than 24 hours notice or fail to come to your scheduled session, you agree to pay for the session in full.

(VIII) Consent for Treatment Initials: _____

I consent to the treatment described above. I understand that energy work, intuitive guidance, wellness consultation, essential oils, and Raindrop technique are not a replacement for licensed medical or mental health care. No guarantees have been made to me regarding cures or improvements.

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

Printed Name: _____

Signature: _____

Date: _____