

**Lauri Pointer, HTCP**  
**Energy Healing & Wellness**  
**1417 Beech Court**  
**Fort Collins, CO 80521**  
**(970) 430-4771**  
[www.LauriPointer.com](http://www.LauriPointer.com)

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.
- ◆ 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.
- ◆ Take full responsibility for my own health care.
- ◆ Give consent to LAURI POINTER to conduct a session to balance my energy system.

I understand that all issues related to my sessions will be kept in confidence.

**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.)

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Lauri Pointer from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

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

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