

Dr. Jill Bakke

Alternative Energy Healing Consent and Service Agreement

Service Agreement: Energy healing can be used as a support to a self-managed wellness program. I am not a licensed physician or psychologist who will treat, diagnose, cure, or prevent any type of medical condition or psychological disorder. If you experience a serious medical or psychological condition be sure to contact a licensed physician or psychologist. I was formerly licensed as a professional clinical counselor. However, I retired that designation in 2014 and no longer provide those services. My services to you are as an alternative energy healer, my role is non-clinical and should be understood as such. I will not be evaluating and treating as a licensed counselor during alternative energy healing sessions. There is no licensure for energy healing at the state or national level.

My services are available both in person and by remote energy work, which has been successfully in many different modalities including the techniques I use. You are urged to read the material under Healing Energies on this website before making an appointment.

Private Alternative Energy Healing Session: At the start of the alternative energy healing session, I will meet with you in person or electronically via telephone or Zoom.com to discuss your goals and get a clear understanding of what you want to achieve. If I treat you in person, I use gentle hands-on energy healing techniques as a tool to help promote relaxation, relieve stress, and rebalance, reconnect, and support your own self-healing. I will stop treatment immediately if you are not comfortable. It is your responsibility to communicate this to me during your healing session. You understand and agree energy healing is not a substitute for professional health care advice or a reason to stop any psychological or physical treatment are prescribed by your licensed physicians and health care professionals.

Remote Healing: By signing this Alternative Energy Healing Consent and Service Agreement, you also indicate you have read the material on my website regarding remote healing. If remote healing is desired by you, you will also be asked to sign that consent form.

Work Agreement: You agree to take full responsibility for your own physical, mental, emotional, and spiritual health and will contact licensed health care professionals before making health decisions. At any point in our working relationship, I reserve the right to terminate the relationship if I believe that our work together is not helping you. In such a case, if you wish, I can refer you to another practitioner who is better able to serve your needs.

Perfumes and/or Aromatherapy Oils: Please refrain from using/wearing aromatherapy oils, perfumes, or strongly scented hair products and gels at your appointment.

Fee Agreement: All sessions are 60 minutes. Clients are fully responsible for payment in full by completion of session. The agreed fee per session is \$60. You may use cash, check, or PayPal. Please have checks made out to: Dr. Jill Bakke.

Cancellation Policy: A **24-hour** notice is **REQUIRED**, so that I might have the chance to offer the appointment time to another who may need it. Late arrivals will be given the remainder of their time at the full rate. Any appointment canceled within 24-hours of your appointment time results in (1) half of the fee rate for the first incident and (2) the full fee rate for any incidents thereafter.

Confidentiality Policy: Your personal information and experiences with me will be kept strictly confidential and will not be released without your written consent. The only exception to this is if I am required by subpoena to release information or otherwise legally obligated as when there is clear and imminent danger to you or another person.

Consent and Service Agreement: You understand and agree that I, Jill Bakke, am not a physician or a psychologist, nor am I acting in the role of any licensed health therapist during an alternative energy healing session. By your signature below, you consent to use the use of services offered by me, and further acknowledge that you have read, understand, and agree with the content of this service agreement.

We, the undersigned, have read and discussed together and fully understand this agreement and the stated policies.

I, _____, Understand, Consent, and Agree, _____ Date _____
(Print Name) (Signature)

I, Jill Bakke, Understand, Consent and Agree, _____ Date _____