

Grace Labyrinth, LLC

Reiki Client Informed Consent Form

I hereby voluntarily request and consent to receive Reiki services from Maura Kirby of Grace Labyrinth, LLC. I understand and acknowledge that no guarantees have been made to me as to the effect of such services. I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness.

I understand that Reiki is a natural hands-on energy technique for stress reduction and relaxation. I understand that Reiki services provided by Maura Kirby of Grace Labyrinth, LLC are simply intended to enhance relaxation and to aid in stress reduction. I understand that the Reiki practitioner, Maura Kirby of Grace Labyrinth, LLC, will be placing her hands on me during the Reiki session unless I specify to Maura Kirby that I choose hands-off Reiki during the session.

I understand that I may refuse any and all services at any time during my first session or during subsequent sessions. If I experience any discomfort during the Reiki session, I will immediately communicate that to Maura Kirby of Grace Labyrinth, LLC so that the treatment can be adjusted.

I understand that the Reiki I receive is not a substitute for medical or psychological care from a licensed physician and/or licensed health care professional. I understand that Reiki practitioners do not diagnose conditions, prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional, and that nothing said during a Reiki session should be interpreted as such.

I affirm that the information I provided on my Reiki Client Intake Form for Grace Labyrinth, LLC is true and correct, and that I have honestly stated all my known medical information. I understand and agree that there shall be no liability to Maura Kirby and/or Grace Labyrinth, LLC, should I neglect to do so.

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

Please sign your name below to certify that you have read and agree to the Reiki Client Informed Consent Form listed above.

Client Signature

Date