

### Client Agreement & Code of Care

- You will be treated with care and respect at all times
- All information disclosed during your consultation or treatment will remain confidential, unless your permission is granted, to share it; with the following exceptional circumstances, under which Complementary Therapists are legally and professionally obliged to report to the appropriate authorities:
  - *Suspicion of terrorism*
  - *Suspicion of the abuse of a child*
  - *Suspicion of someone being in physical danger (including threat of suicide).*
- If you are receiving treatment for an ongoing medical condition from your GP or hospital, it is recommended to inform all parties concerned that you are receiving Reiki.
- Reiki is **not** a replacement for conventional medical treatment. If you are concerned about a serious or urgent condition, please contact your GP or other appropriate NHS healthcare provider.
- Emma Melanaphy endorses and abides by the UK Reiki Federation's Code of Practice for Reiki. A copy of this Code of Practice is available upon request.

### Treatment Consent

- The practitioner has fully explained the treatment and procedures involved in Reiki.
- I accept the fee payable will be £40.00/ £\_\_\_\_\_ per hour/session/week/month.
- I accept that 24 hours' notice is required for cancellation of an appointment, otherwise the full fee will be payable (*unless in exceptional circumstances, at the discretion of the practitioner*).
- I understand that Reiki involves light touch. Footwear and glasses need to be removed for Reiki. Respect for body privacy will be maintained at all times, and I can choose to stop the treatment at any point.
- The Practitioner reserves the right to refuse or postpone treatment if they feel physically unsafe, disrespected or abused.

***I have read and agree to the above, and am willing to proceed with the session(s).***

Client Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Client Name (Capitals): \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_

### Parental/Guardian's Consent

I understand that as parent/guardian of \_\_\_\_\_ I may be committing a criminal offence if I fail to provide adequate medical aid for a child under 16 years of age in my care.

I have been informed by Emma Melanaphy (Reiki Practitioner) that according to UK Law I must consult a Doctor concerning the health of my child.

I have read and understand the above, and give permission for the Reiki session(s) to proceed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Client name (Capitals): \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_