



CLIENT OF STUDENT DISCLAIMER FORM

(This form can replace the Disclaimer form for the purpose of homework reports only)

I, ..... have volunteered my time to receive a Psychosomatic Therapy Session (which may include a Bodymind Analysis, Face Reading, Hand Reading, Foot Reading, Lifestyle Consultation or Emotional Release Bodywork as recommended or requested) for my benefit and to assist with the learning requirements of my friend / family member / associate who are completing their Psychosomatic Therapy Training.

Consultation Type (s): .....

Consultation Time and Place: .....

Client contact details (email and phone): .....

**Informed Consent:**

I have read, understood and agree to the following details:

- I understand all my information shared and the results given will be treated as confidential both with the student practitioner and the Psychosomatic Therapy College (unless there are overriding legal or ethical considerations)
- There is no fee to this service
- I have been informed of the duration of this session(s)
- A written report will be given by the student practitioner for my own use and action, and there is no further obligation of the student practitioner
- I have been informed of the risks , contra-indicators and limitations of psychosomatic therapy including: during and following the consultation, due to the nature of a detailed and comprehensive study & the explanations given, I acknowledge, mental, emotional & physical issues in the subconscious can start to surface almost immediately
- I have been informed in advance of possible therapeutic consequences that can commence and may continue in the following weeks
- I understand that psychosomatic therapy bodywork may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes
- There is a possibility that I am in my underclothes or in a two piece swimsuit during the session because of the detailed assessment of the body. The psychosomatic practitioner has advised me of this requirement within the consultation and if this procedure applies
- I have the right to ask questions about the treatment, refuse treatment or changes to the treatment and/or I have the right to stop the psychosomatic treatment at any time
- I am over the age of 18 or I have my parent/guardian present with me
- I am not intoxicated

**Confidentiality and Privacy:**

In accordance with the *Information Privacy Act*, all information relative to your case is held in total confidence. The primary goal is to provide you with a safe environment to discuss your concerns. However, your consent is necessary to allow us to exchange information with the Psychosomatic Therapy College. When appropriate, relative information regarding your session (including photographs) may be shared with the Psychosomatic



Therapy College as part of the student’s assessment. The Psychosomatic Therapy complies with all current legislation of privacy and confidentiality including storing of information. This agreement about confidentiality continues after the client’s death unless there are overriding legal or ethical considerations. Psychosomatic practitioners are mandated to report certain information in which there is the possibility of harm to a client or to another person, or under court order.

‘I declare that the information I have given is true and correct. I take full responsibility for communicating any health and medical conditions and have detailed true and correct information on the client case history form provided to me. I understand the treatment being performed is not a substitute for medical advice and does not include any diagnosis of illness. I agree to waiver, release, and discharge from any and all liability, including but not limited to, liability arising from negligence or fault of the practitioner released, for my death, disability, personal injury, or actions of any kind which may hereafter occur to me including my travelling to and from this treatment. I acknowledge this is a release of liability and a contract and I sign it of my own free will.’

Client Name ..... Student Name .....  
Client Signature ..... Student Signature .....  
Date ..... Date .....