

New Client Acknowledgement Form

As a client of Carol Bjorn, Bioenergy Balancing Certified Practitioner and Access Consciousness Bars Facilitator, I acknowledge that,

I Understand the Role of the Practitioner:

Carol Bjorn, hereinafter, Practitioner, has fully disclosed to me that she is not a licensed physician or medical professional and is NOT advising me, diagnosing me, nor performing upon me any of the functions of a medical physician, chiropractor, pharmacist, psychologist or therapist. The Practitioner is not recommending that I suspend any prescribed medications and is not interfering with any medical treatment protocols given to me by my doctor(s). The Practitioner may discuss my body's energetic responses to significant life events, emotional situations, and interactions with people in my life that may be affecting the energetic, physical, nutritional, and chemical balance within my body. I have the opportunity to ask questions and to participate during my session. I am allowed to record or take notes and/or have a friend/family member take notes during my session.

I Know What to Expect During the Session(s):

During an Access Bars session, the Practitioner will gently hold different points on the head. During an Access body process session, the Practitioner will gently place her hands on different parts of the body. I consent to having the Practitioner lightly touch the head or body during a Bars or Body Process session. If the pressure is too much or if I am uncomfortable, it is my responsibility to notify the Practitioner.

During a Bioenergy Balancing session, the Practitioner will conduct a "conversation" with my body. This conversation will take place through the use of kinesthetic muscle testing in response to "yes" and "no" questions posed to my body about various events at various age intervals in my life, about any emotional responses to the event, about any physical symptoms that I may have previously or may currently be experiencing, and about any methods of alleviating those symptoms including: medical treatment, surgery, prescription medications, alternative health and homeopathic supplements, or modalities, such as, acupuncture, chiropractic, reiki, etc. I consent to having the Practitioner lightly touch or press upon the energetic pathways (meridians) and centers (chakras) that exist from head to toe along my body. All physical contact by the Practitioner is light, non-invasive (no needles) and is applied to the outer layer of my clothing or to any exposed skin. I am given the option to lie down upon a table or I may take a seated or standing position, to allow for greater comfort during the session.

I Will Continue My Prescriptions & I May Choose to Take Supplements:

I may bring to my session my existing prescriptions and any over-the-counter products or supplements that I am taking in order to inquire of their effects upon the natural health and balance of my body. The Practitioner does not recommend that any prescriptions be tapered, reduced, or suspended without me consulting my treating physician or medical provider. Any non-prescription supplements or over-the-counter products are entirely my choice to take or to not take. Depending upon my body's state of (im)balance, various vitamins, minerals, homeopathic supplements and detoxes may be suggested and the rationale for why they may be helpful will be explained to me by

the Practitioner. It is my option to decide to take any vitamins, minerals, supplements and detoxes mentioned to me by the Practitioner. With the exception of Doterra essential oils, I understand that the Practitioner is not a distributor or direct reseller of supplements or products. I may receive suggestions and assistance from the Practitioner with online and other retailers who sell the suggested products.

I Agree to the Payment Policies:

Each session is billed on an hourly basis for the session time reserved by the client and for any extensions of time beyond the scheduled session. Payment *in full* is due upon the completion of the session. Except in cases of an unforeseen health emergency, it is understood that late arrivals and missed appointments will be billed at the full session rate. Please provide 24-hours for any cancellations.

I Accept My Session Outcomes & Frequency of Appointments:

My body is unique. My life experiences, genetic composition, diet, physical symptoms, etc. are all unique. Therefore, my body's response to Bioenergy Balancing and Access Bars and Body Processes will be unique. I understand that there have been no guarantees about results or any assertions as to the expected outcomes made to me. I know that I am not required to schedule any minimum or maximum number of sessions and that I may schedule follow-up sessions on an as-needed basis, at my discretion. It has been explained to me that my first visit or first, few visits may be longer in duration because there are always layers and complexities to be addressed, at first. If I choose to schedule wellness checks and routine maintenance visits, suggestions may be made as to when to make a follow-up appointment, but scheduling follow up appointments is entirely up to me.

Bioenergy Balancing Concepts Have Been Explained to Me:

Bioenergy Balancing is based upon a combination of theories involving Eastern Medicine, Energy Work, Kinesthetic Muscle Testing, and principles of anatomy, physiology and biochemistry. The body is comprised of energy that is contained not only within the body but around it, as well. The Practitioner will muscle test the responses to the questions posed to the body. A strong muscle reaction means "yes." A weak muscle reaction means "no." By guiding me through this conversation, the Practitioner is helping me to understand my body's unique expression of needs and preferences for restoring my natural state of health, emotional, nutritional, and physical balance. This work is complementary to medical treatment and is intended to support my body and my decisions about whatever medical care I am concurrently receiving, if any. There is no intent to contradict medical or religious institutions or figures and my beliefs in both will be supported and honored by Bioenergy Balancing.

I Understand that Bioenergy Balancing Complements Licensed Healing Arts & Services:

By signing this form, I acknowledge that I have voluntarily sought and elected to attend this Bioenergy Balancing Session, a complementary and alternative health care service, as allowed by CA SB 577 and Business & Professions Code 2053.6. I understand that my first session and each and every subsequent session with the Practitioner is a treatment that is alternative or complementary to healing arts/medical services licensed by the State of California and that Bioenergy Balancing services that are provided to me are not licensed or regulated by the State of California.

I understand and agree to honor the principles and policies, above. I agree to approach this session with an open mind and to recognize that the Practitioner is dedicated to providing me with the highest degree of integrity, focus, compassion, and conscientious regard for my well-being.

Full Name of Client (or of legal guardian, if client is a minor or a pet)

Month - Day – Year
