

# WakundaMa™ Healing Client Consent Form

wilsoncheung@wakundama.com; 302-983-3542

I am pleased to meet you and to have the opportunity to work with you. **I am a Brennan Healing Science® Practitioner.** The work I do involves a combination of some conversation along with laying on of hands either on or off the body. Note that any physical contact will only be done with your permission. The work is done with you being fully clothed and lying on the healing table. Your comfort and sense of safety is of utmost importance.

It is my experience that my work clears and charges the human body's energy field, removing blocks that lead to dis-ease and enhances the body's natural healing ability. Many of my clients experience increased well-being and improvement in their condition. However, I cannot promise these things.

Self-care is an extremely important part of this work and is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend that you refrain from using alcoholic beverages for 24 hours following our practice session.

I am not a physician and cannot medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine and psychotherapy. Please feel free to discuss our work with your physician, psychotherapist or others in your care team.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I am here as your committed facilitator, listener, mirror, and partner in the process of healing. In our work we may end up exploring areas that influence your state of well-being such as health history, life stressors, belief systems, attitudes, family and child history, diet, exercise, dreams, longings and relationships. **Any information you share with me during our session(s) is always kept confidential** except if disclosure is required to prevent clear and imminent danger to yourself or other, or is required by law. I may also need to discuss clients, without mentioning names, with a professional supervisor or peers for the purpose of my continuing professional development and so that clients may receive the best assistance available. You can read more about this in the attached copy of the *The Principles of Practice for Brennan Healing Science Practitioners*, which is the ethics statement of my healing profession. I ask that you take time to read this as it describes the very high level of ethical standard that I will abide by as your healer.

Unless other arrangements have been made my standard fee is \$90 per hour. Sessions will not be extended if you are late. If you are late or fail to show to a scheduled appointment I will still ask for full payment. If you need to change or cancel an appointment I require 24 hours advanced notice.

In signing the acknowledgment below, you agree that I may work with you in the above-described manner. You also agree that, except in the case of gross negligence or malpractice, you or your representative(s) agree to fully release and hold harmless Wilson Cheung from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with your session(s).

I am most happy to answer *any* questions regarding my studies and I also encourage you to express any concerns you may have. In partnership for healing and with warm regards,



## ACKNOWLEDGMENT AND CONSENT FOR SESSION(S)

I have read and understand the information provided by Wilson Cheung and freely elect to have him work with me in the above-described manner.

Signed \_\_\_\_\_ Date \_\_\_\_\_