



Reiki Consent Form

I understand that Reiki involves a natural method of energy balancing for the purpose of stress reduction and relaxation. I understand very clearly that a Reiki session is not a substitute for medical or psychological diagnosis and treatment. I also understand that it is not massage therapy.

I understand that Reiki practitioners do not diagnose conditions, nor do they prescribe substances, nor interfere with the treatment provided by a licensed medical professional. It is recommended that I see a licensed health care professional for any physical or psychological ailment I have.

I understand that the Medical Center is authorized to release my medical records in accordance with Federal and New Jersey State Law, including the Health Insurance Portability and Accountability Act (HIPAA).

I acknowledge that I have been provided with a copy of Englewood Hospital and Medical Center's Notice of Privacy Practices.

Client/Patient

Date

Reiki Practitioner

Date

