

Vibrant Traditions Informed Consent Form

Before we start our healing work together, I ask that you read, sign, and send me a copy of this form. Please email back the entire form with it e-signed at the bottom.

The California Health Freedom Act (SB577) Disclosure

- A health intuitive, authentic heart counselor, sustainable nutritionist, and healing practitioner/facilitator are not a licensed physician. She is not qualified to diagnose, treat, or prescribe for physical or mental conditions.
- The use of health intuition, authentic heart counseling, sustainable nutrition, and healing consultations are alternative and complimentary to healing arts services licensed by the State of CA.
- The services offered are not licensed by the State of CA.
- The services offered include energy intuition, energy healing, counseling, and nutrition; they may include: clearing energy and imbalances, working with trauma and life issues, exploring personal growth, self-healing, emotional release, diet and supplement recommendations. None of these services are intended to be a substitute for medical or psychological care. Any issue beyond the scope of the practitioner will be referred to a licensed practitioner.
- It is the goal of the practitioner to provide clients with a safe, supportive, and non-judgmental environment where they can release dense energy patterns and bring in light energy, restore vitality, gain clarity and insight, and transform patterns and return to balance. The practitioner acts as a facilitator for client healing and connection with pure being self. All services and modalities are geared towards empowering the client to do their own work and to be their own healer with the guidance of the practitioner. All sessions, records, and transactions are confidential.

Client Agreements

- I understand that I am seeking services from a practitioner who practices a holistic approach of mind, body, and spirit and therefore all of these areas may be addressed in sessions with this practitioner.
- I understand that the practitioner and I may discuss matters of a deeply personal nature and that I have the right to question, dismiss or disagree with statements made by the practitioner if I am not comfortable with them or they do not resonate with me.
- I understand that sessions with this practitioner may bring about the release of emotions such as grief, sadness or anger as part of the healing process and the path towards well-being.

- I agree that I will communicate any discomfort or unease to the practitioner immediately if it presents in session.
- I agree to communicate if the session feels incomplete and that some sessions may require additional private consultations or a referral to another health care practitioner.

Cancellations

I understand that a 48 hour advance notice for a canceled or missed appointment is required and that the full session fee will be charged for missed sessions without such notification.

Payments

I understand that full payment is required prior to the appointment. That the time spent in a session will be charged by a prorated hourly fee. And that any conversation that exceeds 10 minutes is considered a healing session and will be charged for.

Returned checks

I understand that an additional \$15 fee for returned checks will be charged.

Tardiness

I understand that if I am late, the session will still end at the scheduled time and a full payment including the time missed will be charged for.

By signing this document, I am consenting to work with this practitioner as indicated above.

Signature _____
(your typed email signature accepted as valid)

Date _____

Vibrant Traditions/Diane Osborne

diane@vibranttraditions.com

707-824-8108