



Energy Healing  
Relate.Release.Renew

Caption

**INFORMED CONSENT FOR HEALING SERVICES**

**Practitioner Name:** Dr. Sepideh Saiedi

**Business Name:** Quantum Healing Clinic

**Phone:** (703) 945 9135

**Email:** saiedisepideh9@gmail.com

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **1. Description of Services**

I understand that I will be receiving services in the form of:

- Chakra Balancing
- Light Language Healing
- Emotion Code Healing
- Crystalline Soul Healing
- Medical Intuition.

## **2. Not Medical or Psychological Care**

I understand that the services provided by the practitioner:

- Are **not medical treatment**
- Are **not psychological or psychiatric therapy**
- Are **not a substitute for licensed healthcare**
- Do not involve diagnosis, treatment, or prescription for any disease or condition

I understand that the practitioner is not a licensed medical doctor, psychologist, or other licensed healthcare provider (unless otherwise stated).

I agree to consult a licensed healthcare professional for medical or mental health concerns.

## **3. No Guarantee of Results**

I understand that healing outcomes vary from person to person.

No guarantees or promises have been made regarding the results of these services.

#### **4. Personal Responsibility**

I understand that I am fully responsible for:

- My physical, emotional, and mental well-being
- Any decisions I make before, during, or after sessions
- Seeking appropriate medical or psychological care when needed

I understand that I may stop a session at any time.

#### **5. Voluntary Participation**

I confirm that:

- I am participating voluntarily
- I have had the opportunity to ask questions
- All of my questions have been answered to my satisfaction

#### **Client Acknowledgment**

By signing below, I acknowledge that I have read and understood this Informed Consent form and agree to the terms described above.

**By signing below, I acknowledge that I have read, understood, and agree to the above.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Typed name if digital)

