

**Reiki Informed Consent and Office Policies**

**Carrie Powell, MA, BFA**

@Threshold Wellness

440 E Girard Avenue

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@The Medical Tower

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**Qualifications**

MA in Expressive Arts Therapy, Lesley University, 2013

Reiki Master Practitioner, Reiki School and Clinic, 2009

Certified Youth Yoga Instructor, Yoga Child, 2007

BFA in Painting and Drawing, University of the Arts, 2003

**Reiki Energy Healing**

The practice of Reiki energy healing is a gentle non-manipulative, hands-on therapy that can be utilized as a tool for relaxation, stress reduction, and support in the process of healing.  During a treatment you comfortably lay on a massage table while remaining fully clothed.  In a typical session, the practitioner will place their hands on various points along the vertical centerline of the body, starting at the top of the person’s head. At times the practitioner will not touch the person, instead hovering their hands above the clients body.  If a client is not comfortable with touch at all, they may request to have a session completely with hands hovering over the physical body.  As the practitioner, I am trained to be a channel for universal-spiritual-life force energy that has its own intelligence; therefore I will in essence, get out of the way of what the energy needs/wants to do.  If a parent/guardian is interested in this service for their child, they are responsible to remain in the room for the duration of the Reiki session. Reiki energy healing can be integrated into the Expressive Arts Therapy session or you can schedule separate sessions for Reiki.  The intention of Reiki energy healing is to be complementary to other forms of health care you may be currently engaging in and is not intended to diagnose or treat a medical condition.

**Confidentiality**

All communication including: verbal, and written, shall be kept confidential between the practitioner and client. Be mindful that there are limits to the confidential communication of text messaging, and emailing. Communication between the practitioner and client or practitioner and parent/guardian will be released, used for research or educational purposes, only with written permission given by the client or parent/guardian. An authorization to release information form will be completed for practitioner to collaborate with any additional providers that client or parent/guardian requests. **There are certain situations where confidentiality will be breached.** These limitations of confidentiality include: if the client reveals they plan to cause harm to themselves or someone else, child abuse or neglect, elderly abuse, disabled person abuse, and court ordered subpoena. The law requires the break of confidentiality if these circumstances are revealed in treatment. The practitioner may provide verbal warning indicating the need to inform a third party, if they believe that no ones safety is at risk.

**Communication**

Telephone and email contact may be made to schedule Reiki appointments and to discuss any concerns you have between sessions. There will be time to check in prior to your session(s), and a short time to de-brief after your treatment. If more than 7 minutes of time is needed before and after your session an additional fee of $10 will be added.

**Fees**

At each session you are responsible for payment of total service fee. A typical session is 50-minutes in length, and accommodations for other time lengths may be made. Time slot and associated fee includes:

* 30-minute session fee is $50,
* 50-minute session fee is $80-$100,
* 90-minute session fee is $120-$140.

Sliding scale is available for 50- and 90-min. sessions. Fees are subject to change at any time. Accepted forms of payment include: cash, check, PayPal®, Venmo or credit card. If a check is returned a $30.00 fee will be processed at your next visit.

**General Office Info**

 When you arrive @ The Medical Tower, have a seat in the waiting area and I will be with you when it is time for your session. You are welcome to water and tea. If you need to use the restroom there is an all gender bathroom a half floor down. Exit the waiting area and turn right after the elevators for the stairwell.

 When you arrive @ Threshold if someone is managing the front desk they will let you into the office. Upon entering the front door of the building, if no one is managing the front desk, please wait in the entryway until I am available to open the door for you. *At this time neither office is ADA accessible.*

**Emergency Contact**

Please provide the name and phone number of someone whom can be contacted in case of an emergency. This person will not be contacted for any other circumstance.

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| Name | Relationship to Client | Phone |

I have read the informed consent and discussed any questions that I might have. I understand my voluntary participation in Reiki as well as my right to refuse services. I undersigned give, Carrie Powell (Reiki Master Practitioner) permission to engage in providing the service of Reiki. I hereby give, Carrie Powell permission to use gentle touch on various parts of my body with the exclusion of my private parts. (These policies are subject to change at any time. Therapist will provide changes in writing.)

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|  |  |
| Client Signature | Date |

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|  |  |
| Parent/Guardian Signature | Date |

I have fully discussed this informed consent with the client.

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|  |  |
| Therapist Signature | Date |