



INFORMED CONSENT

- I understand it is my responsibility to care for my health and well-being, and have sought out Pathway to Nirvana for Healing
- I know that this practitioner, Praveena Boodhoo is not a medically licensed doctor and she will not diagnose, treat, or prescribe for illness, injury, disease or other pathological condition, or perform any act which constitutes the practice of medicine.
- I understand that participation in any of the session/s is voluntary and that at all times I may choose to end my participation. I also understand that my physical body may be lightly tapping or touched on the energy points on the body. Praveena will inform me where tapping and/or touching will occur, thus allowing for my continued ongoing consent. Should I experience any discomfort or pain during any part of the session, I will immediately tell Praveena.
- I understand I may experience so-called "detoxification symptoms" or releases during the 24-72 hours following the session and that these may be somewhat uncomfortable, particularly if I have been experiencing chronic or heightened levels of stress.
- I understand that the her sessions are intended to enhance relaxation, increase communication within areas of the body, and to educate me as to possible energetic or emotional blocks that may create pain and disease.
- I acknowledge that her treatments are non-invasive, safe, and objective. It utilizes the integration of body, mind and soul integration.

- I understand that the treatment is not a substitute for medical treatment or medications.
- I am aware that the (your therapy type) practitioner does not prescribe medications.
- I understand that information exchanged during any session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.
- I understand that although I may seek information and counselling from the Praveena, my health and wellbeing, is my own responsibility. It is my responsibility to consult my primary care provider or seek out other medical help when needed.
- I understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my verbal or written permission.
- I have carefully considered all the materials and information given to me.
- **To honour my healing process, the practitioners, and other clients, I understand there is a 72-hour cancellation policy.**

With my signature below, I hereby authorize myself, to participate in Pathway to Nirvana sessions.

Signature: _____ Date: _____