



Grand Rapids Natural Health, LLC

DeDecker Consulting, LLC
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Energy Therapy ~ Informed Consent

I, _____ hereby voluntarily request and consent to receive Energy Therapy services from Laurie DeDecker.

I understand and acknowledge that no guarantees have been made to me as to the effect of such services.

I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness.

I understand that prior to my first energy therapy session, I will receive an oral explanation of and description of an Energy Therapy session. I understand that I may refuse all services at any time during my first session or during any subsequent sessions.

I understand that Laurie DeDecker upholds the highest standards of care and professionalism and as Healer Member of Healing in America, abides by their Code of Ethics. A copy is available for review upon request.

I understand that Energy Therapy services provided by Laurie DeDecker are simply intended to enhance relaxation and to aid in stress reduction.

I understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long-term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance.

I understand that Energy Therapy is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Doctor or Primary Healthcare Provider for any condition(s) I may have. I am advised that if I am sick, I should consult my Doctor or Primary Healthcare Provider. I am aware that my Energy Therapy Practitioner does not diagnose illness or disease and does not prescribe medication or medical treatment.

If I experience any discomfort during the session, I will immediately communicate that to the practitioner so the treatment can be adjusted.

I understand that Laurie DeDecker (DeDecker Consulting, LLC) and Grand Rapids Natural Health, LLC are two separate entities, which conduct separate practices. Laurie DeDecker (DeDecker Consulting, LLC) rents office space from Grand Rapids Natural Health, LLC. Grand Rapids Natural Health, LLC exercises no control over the practice of Laurie DeDecker (DeDecker Consulting, LLC). I will not hold Grand Rapids Natural Health, LLC responsible for any actions or inactions of Laurie DeDecker (DeDecker Consulting, LLC).

I understand that a cancellation fee of 50% of the visit will be applied for cancellations within less than 24 hours, no shows or for three consecutive cancellations.

By signing this form, I acknowledge that I have received a copy of the Grand Rapids Natural Health Notice of Privacy Practices. I understand that Laurie DeDecker (DeDecker Consulting, LLC) agrees with and upholds Grand Natural Health's privacy practices as stated in the Grand Rapids Natural Health Notice of Privacy Practices.

Client Signature _____ Date: _____