



## BioSound Therapy Client Consent Form

I \_\_\_\_\_ understand that BioSound Therapy is a simple, gentle, hands-off energy and sound technique that is used for stress reduction and relaxation. I understand that BioSound practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that BioSound Therapy does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that BioSound Therapy can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Client Signature: \_\_\_\_\_ Date:

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Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/ guardian if the client is under 18.