

Anne B. Rice, MA, BMP, HP, CACH, ASW
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INFORMED CONSENT

Dear Participant,

Due to the current state of our medical legal system, it is important that you read, understand and sign this consent form.

I _____ acknowledge that Anne B. Rice is not responsible for any medical diagnosis, treatment or psychological wellbeing. I understand that the medical profession does not necessarily recognize or understand Heart-centered session work, guided meditations, energy work, and discussions”. Therefore, I will continue to see my regular doctor or counselor, and all medical or psychological decisions will be made explicitly between my health professional and myself. I understand that I am fully responsible for communicating with Anne B. Rice regarding any special health needs, issues or concerns, psychologically or physically that may be sensitive to change. I understand that “Heart-centered session work, discussions, teachings, meditations and workshops” will uncover hidden issues in myself, which may lead to some discomfort and disruption, as changes are integrating into my life. I accept this change and still choose to participate in this form of session work, energy work, teaching, guided meditations and/or healing workshops. I further understand that no results have been implied or guaranteed to me personally by Anne B. Rice.

If participating in session work or workshops/retreat with Anne B. Rice, I have been duly informed that personal issues will be revealed in myself. I understand that I AM FULLY RESPONSIBLE for myself at all times and if I am unwilling to confront my issue, I must choose to say NO, otherwise a YES to revelation and healing will be inferred. I, Anne B. Rice, will try to be sensitive and aware of each person’s needs, yet I cannot take responsibility for each person’s choices.

I certify that to the best of my knowledge, I do not have any medical or psychological condition or any physical issues, which would prohibit me from participating in healing sessions, workshops, or doing guided meditations. If using any medication, or if I have any medical or psychological condition, I will notify Anne in writing on the back of this form.

Please check here if you are writing on the back of this form _____

Being 100% responsible for myself, I am open to receive and benefit in all ways from “Heart-centered session work, guided meditations, energy work, teachings and discussions” with Anne B. Rice. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Anne B. Rice from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s) and workshops.

Participant _____ Date _____

Witness or Guardian _____ Date _____