

Disclosure for Healing Way Method
Jari Serra, B.S.

Client Name _____ Today's Date _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

The founders and practitioners of the Healing Way Method recognize it as a means of personal evolution, and the principle by-product is healing. It does not replace any religion or spiritual path you now have. Rather, it enhances it. It is a system of healing and more, because it brings you in touch with your authentic self, your true nature as an individual Soul, awakening to the Divine.

The Healing Way Method is about working at the spiritual or energetic level of who we are to help achieve our life purpose, to personally evolve. It is spiritual healing. Therefore, there is neither a need for, nor do I claim to diagnose, counsel, treat or cure any mental health condition, physical disorder, symptom of disease or illness. For any of those needs, please seek the help of a licensed medical practitioner, medical specialist, psychiatrist, psychologist or mental health professional. I do this work as an ordained minister.

By signing below you are stating that you have read and understand this information and that disclosed in the Description of the Healing Way Method. Also, that if you had any questions, they have been discussed with me and clarified to your satisfaction. Your signature also allows release of pertinent information between spiritual care providers, in the rare occasion this is necessary. Please bring this disclosure to our first meeting for signing. If you are a phone client, please sign, date and mail this page to me at the address below. Thank you!

Client Signature _____ Date _____

Dependent Name _____ Date _____

Parent Signature
for Dependent _____ Date _____