

Bridges To Healing

Disclosure for Healing Key Way

Client Name _____ Today's Date _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

The founders and practitioners of Healing Key Way 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, because it brings you in touch with your true nature as an individual Soul, awakening to the Divine.

Healing Key Way 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.

By signing below you are stating that you have read and understand this information and the information disclosed in the Description of Healing Key Way. You are also stating that your questions have been discussed with me and clarified to your satisfaction. Your signature allows release of pertinent information between spiritual care providers, in the rare occasion this is necessary.

If you are a phone or Skype client, please sign and date this form and mail it to me at the address below. Thank you.

Client Signature _____ Date _____

Dependent Name _____ Date _____

Parent Signature
for Dependent _____ Date _____