

**Informed Consent Form
(Stay Healthy With Soosan. LLC.)**

I understand Stay Healthy With Soosan, LLC. is a Certified Raindrop Technique Specialist (CRTS) and will not intentionally diagnose, suggest any treatments, prescription, or cure for any disease, disorder or condition that I may have.

I understand Stay Healthy With Soosan, LLC. Is a Certified Raindrop Technique Specialist (CRTS) who uses essential oils to help me detoxify my body, manage my pain and enhance the quality of my life. I also understand that human responses to essential oils may vary considerably and are not predictable because of the unique chemistry, make up and intent of each individual. I further understand that Raindrop Technique is a non-secular art and science, but an application of essential oils.

I understand that Stay Healthy with Soosan, LLC. is a Reiki and LSH qualified to help me surrender to the Divine and accept healing on every level of my being.

I understand that the natural therapies offered by Stay Healthy With Soosan, LLC. are not a substitute for adequate medical care. I intend to remain under the care of my primary care physician.

I understand all healing may cause some minor discomfort, and some adverse side effects such as headaches, sinus drainage, bodily soreness, coughing or a rash on the skin may occur through no fault on my own or Stay Healthy With Soosan, LLC.

I understand my health is my responsibility. I will advise Stay Healthy With Soosan, LLC. of anything that might help us work together better to achieve the healing that I seek.

I understand my identity and any information about me, whether I share it with Stay Healthy With Soosan, LLC. or if she discovers it on her own, will be held in the strictest confidence, except released by me in writing or as required by law.

I acknowledge that I have read, understand and agree to abide by policies and procedures published by Stay Healthy with Soosan, LLC. and fully explained to me. I agree to allow Stay Healthy With Soosan, LLC. To help me learn to heal myself using the natural healing technique and modalities herein listed.

Name of Client or Guardian _____ Address _____

State/Province_____ Postal Code_____ Country_____

Signature_____ Date _____