

Describe your concerns and objectives for seeking WELLNESS services here (please use reverse side of this sheet, if necessary).

What part of your body (if any) do you dislike the most? _____

How would your life change if your disease was gone? _____

I understand that the attending practitioner is NOT an allopathic doctor (medical doctor) and does not portray herself to be, but is providing biofeedback, stress reduction and wellness services.

I understand that the services provided identify stress and energetic imbalances. Procedures utilized include stress-reduction protocols, wellness consultation and biofeedback.

I fully understand that the attending practitioner does not offer allopathic drugs, surgery, chemical stimulants or any other conventional treatments. In addition, they do not diagnose, treat or otherwise prescribe for my disease, conditions, or illness, or perform any act that would constitute the practice of medicine for which a license is required.

I have solicited the attending practitioner's services in good faith, exercising my free will and following the dictates of my own conscience, which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do biofeedback testing, wellness consultation, and other stress-reduction protocols.

By signing below, I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask questions with regard to the described procedures, and that I hereby affirm: I am here for biofeedback stress reduction and I am here on this, and any subsequent visits, solely on my own behalf.

Signature of client

Date

Parent or guardian if client is a minor or a pet

Date

CONSENT TO RECEIVE BIOFEEDBACK TRAINING FORM

Kristy Moore Hernandez

DISCLAIMER

I understand that Kristy Moore Hernandez is not licensed as a chiropractor, counselor, medical doctor, psychologist or psychotherapist, and does not portray herself as such. I understand that she will not diagnose, evaluate, treat, cure, mitigate or prevent any nutritional, medical or psychological disease, disorder or condition. I further understand that she will not advise, recommend, suggest or counsel me on any medical, dietary, emotional or psychological treatment, condition, disorder or disease of any kind. I further understand it is my responsibility to continue my medications and remain under the care of my primary physician.

CREDENTIALS

I understand Kristy Moore Hernandez is a Certified Quantum Biofeedback Specialist and that she will train me with biofeedback for relaxation and muscle re-education so that I can learn to reduce my stress, manage my pain, and improve the quality of my life. I further understand that she will refer me to qualified experts, if necessary, for any other concerns I have about my health and wellness.

SCOPE OF BIOFEEDBACK PRACTICE

I understand the intended purpose of biofeedback training is for relaxation and muscle re-education so that I may learn to: 1) reduce my stress, 2) manage my pain, and/or 3) improve the quality of my life. I understand biofeedback training is generally considered safe, but it is possible that biofeedback may exacerbate some emotional problems or I may become drowsy—at least temporarily—during the biofeedback training sessions. Other potentially harmful side effects not yet reported may occur. I agree to advise Kristy Moore Hernandez if I feel any side effects so that corrective steps may be taken to alleviate my discomfort.

I further understand biofeedback is not a substitute for effective standard medical, chiropractic or psychotherapy treatment or veterinary treatment for my pet. Kristy Moore Hernandez has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician.

I understand it is my responsibility to monitor the effects of biofeedback training and to continue the training as long as it is beneficial to me. I will tell Kristy Moore Hernandez if I experience any discomfort during biofeedback training. I further understand that research suggests that while most people gain considerable benefits from biofeedback training, some people may not gain any benefit. I have every expectation that biofeedback will provide me some benefit, but I understand there is no guarantee that it will.

CLIENT CONFIDENTIALITY

I understand my identity and any information about me, whether I share it with Kristy Moore Hernandez or she discovers it on her own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may give Kristy Moore Hernandez permission in writing to contact my primary care practitioner or specialist with regard to the training provided by her and the results I obtain. I have the right to withdraw this permission at any time.

PAYMENT FOR SERVICES

I agree to pay Kristy Moore Hernandez \$125 by check, money order or cash for each biofeedback session. In the event my check bounces, I agree to pay full restitution plus an additional \$35 fee as a penalty. I understand Kristy Moore Hernandez only accepts credit cards through PayPal and must be paid 2 days in advance of appointment time.

ARBITRATION

I agree that in the event Kristy Moore Hernandez and I are unable to reach an amicable solution to any issues between us, we both agree to accept the decision of the attorney arbitrator of the Natural Therapies Arbitration Council as the final settlement of our differences. I understand this service is provided through the Biofeedback Association of North America (800-985-0819) at no cost to me. I further understand that if the arbitrator finds against me, I will not be required to pay a penalty above whatever amount the arbitrator finds equitable.

CLIENT WARRANTY

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about biofeedback services. I consent to receive biofeedback training from Kristy Moore Hernandez. I warrant I am not under duress at this time and my consent is given voluntarily and without coercion. I further understand I may discontinue biofeedback training at any time and that I may refuse to participate in any particular or specific biofeedback training without penalty.

Name: _____
(Please print your name here)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Fax: _____

E-Mail: _____

Signature: _____
(Please sign your name here)

Date: _____
(Please put today's date here)