



Blue Sky Healing
Biofeedback, IET, Light Therapy, Intuitive Guidance
216-262-8886
deniseweiss444@gmail.com

INFORMED CONSENT

MY BACKGROUND

I am a certified Quantum Biofeedback Specialist qualified to help reduce stress, manage pain and improve a person's quality of life. I am also a certified Integrated Energy Therapy Practitioner. I am not licensed as a physician, psychologist, or chiropractor, and I cannot and will not diagnose, treat, cure, mitigate or prevent any medical or psychological disease, disorder, or condition.

BIOFEEDBACK

Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for the purpose of improving health. With biofeedback, the subject is connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles, to achieve desired results, such as reducing pain. Biofeedback is often used as a relaxation technique.

The instrument utilized in the training sessions is called the QUEX ED biofeedback system, which requires that the client connect to the system with a headband, ankle, and wrist straps to measure EDR. The scope of my practice using this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician.

INDEPENDENT CONTRACTOR STATUS

I am an independent contractor, not an employee, agent, or representative of RMK Healing Therapies, LLC DBA Wild Rose Counseling. Any claims associated with the services listed above are the responsibility of Blue Sky Healing.

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless as is required by law.

CONSENT

Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing.

Client's Signature: _____ Date: _____

Client's Name: _____

Address: _____

Phone: _____ Email Address: _____

FOR PARENTS/GUARDIANS OF MINOR CLIENT

I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo biofeedback training.

Parent/Guardian's Signature	Minor's Name	Date
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