

Informed Consent: An Integral Aspect of Documenting the Work

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One document that a Healing Touch (HT) student can consider and develop in Level 1 or 2 is a consent form. When you are initially practicing on family and neighbors, the consent form acts to provide information and clarification for participants and it helps you begin to establish a sense of professionalism in your work. When you feel ready to practice Healing Touch beyond your circle of family and friends, or want to start a private practice, a consent form may offer some protection from liability while clearly defining and establishing the client– practitioner boundaries in the relationship.

A signed statement from the client expressing both their desire to participate and their full acknowledgment and understanding of the nature and purpose of the HT sessions is an appropriate and prudent way to start a relationship with a new client. Initiated in your first intake session, an informed consent dialogue helps establish the practitioner-client energetic connection and invites a client's fuller participation in the healing process.

SOME TYPICAL ELEMENTS OF INFORMED CONSENT

Each practitioner knows their client base and can best determine what elements and information is best suited to their practice and client needs. Also, each HT provider may be working under different requirements of scope of practice, or prevailing legal and ethical standards of their state. Every state and locality could have different laws or regulations that might impact on a practice. If you have any questions or concerns you should consult a local attorney in your area that specializes in health related law. The Healing Touch Website offers information on how you might research pertinent legal and regulatory information for your state or locality. (www.HealingTouchProgram.com. Go to Student Support.)

Because this discussion will most likely be the first encounter a practitioner has with a new client, it becomes important that the information in your consent form is clear, open and written at an appropriate level for your client's understanding. It should be written to encourage questions and discussion. The following list offers some ideas of what might be included in the individualized consent form you create:

- **Ethical:** This consent is the foundation and framework for building a safe and ethical client-centered holistic practice where clients are honored and empowered.
- **Informational:** A consent form offers specific information about the kinds of services you can legally and ethically provide as well as any limitations. (i.e. touch if outside the scope of your professional practice, or any other professional limitations)
- **Notice:** Gives clear notice of session content, training, and background of provider, session fees, fee policies, payment structures and client responsibilities

- **Legal:** When a provider offers information and explanations of what will occur and client gives full consent in writing, litigation is less likely to occur.

Define Boundaries: Informed consent helps create the opportunity to discuss and define important energetic, physical and professional boundaries for client and practitioners. Complementary and Integrative healthcare systems offer a unique opportunity for clients to work in harmony with their practitioner creating a healing plan, setting goals and discussing progress. This is a very different relationship model than traditional medicine and there are more boundary considerations inherent in practicing within the sacred space of human energy fields.

Your HT instructor or mentor and your own personal integrity and ethics as a practitioner, student or apprentice will illuminate the process for creating this document. When thinking about what you want to include in your consent form, consider your client base, as it is essential that the client be able to understand this information and be able to freely choose whether to proceed with the session by giving their full consent.

Be prepared to talk about and write about what you do, what a session will be like, how someone might typically respond and if they will feel anything or be uncomfortable. Also be clear in your form about what you can't do or your limitations (either prescribed by law or from skills/training point of view).

Your clients will most likely want to know essential information about you, your background in healing work and your training and education. They might also want to know more about the nature and history of Healing Touch and why it is considered energetic, holistic or complementary and/or alternative. Practice writing and discussing some of these elements with other HT practitioners or mentors in your community to get more comfortable with the dialogue that might go along with the introduction and signing of the form.

A consent form is just one of the many ethical and legal considerations which can have an impact on the way you do your Healing Touch work or the way you provide your HT services. You may choose to provide Healing Touch as a free service, in a spiritual setting (for example, a monthly HT meeting at a church), a clinic or health facility (which may have its own informed consent documents), as an adjunct to your profession (such as massage therapy) or in your own business.

TYPICAL ELEMENTS OF INFORMED CONSENT

The following items outline some of what could be included in a consent form.

KEY ELEMENTS

1. If you are not in a medical profession (which generally includes the therapeutic use of touch in its scope of practice) and you work under the HT scope of practice only, be certain to explain your legal status in your state and locality and your adherence to this scope of practice.

2. If you do have a professional license, for example in the mental health field, explain how touch either is or is not included or restricted in your scope of practice.
3. ALL consent forms should provide a clear expression which states that Healing Touch is never meant to replace care from a qualified health provider or practitioner. Clearly state that you are not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.
4. If you are working with minors, the adult parent or guardian needs to sign the consent form.

OTHER ELEMENTS

1. Discuss the research and history of use of the modality you use to the degree that this seems helpful and appropriate.
2. Inform the client of your training and limitations to do work.
3. Inform and explain to the client all of the procedures which will be used and describe the order in which you will do them – such as The 10 step Healing Touch Sequence.
4. Describe any reasonable or known and foreseeable risks or discomforts possible with this modality, if any.
5. Describe the reasonably expected benefits if possible.
6. Describe the confidential nature of the work as well as the exclusions to confidentiality.
7. Explain the fees for your services.
8. Provide notice that the client may discontinue services, change consent, or leave at any time.

This writing is meant to raise questions, educate and create discussion and dialogue around the ethical and legal issues of teaching, learning, studying or practicing alternative and complementary energy healing modalities. Nothing in this article is being offered as legal advice or legal council. You are advised to seek an attorney for any of your professional legal issues, concerns or needs.

Janice Willard is a CHTP who lives in rural, upstate New York. She also has been a practicing artist and teacher for over 35 years. She currently holds a traditional BS, MS Ed. and a Juris Doctor and sees learning as a diverse lifelong process. She has studied Reconnective Healing, Koryo Hand Therapy and Donna Eden's Energy Medicine techniques. She currently teaches, lectures and offers workshops, which create dialog to promote the understanding and application of pertinent legal and ethical considerations for energy healing practices. The intention of these empowerment

workshops is to facilitate a process of aligning the integrity of an energy healing practitioner and their business with prevailing legal and ethical standards and practices.

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HEALING TOUCH POLICY REGARDING INFORMED CONSENT

We realize that there is a need to have written and verbal consent when doing Healing Touch sessions even for friends and family for all of the reasons in the article above. After doing some research we have come to the conclusion it is not in your or our best interest to be recommending any form or format and in fact this article offers some compelling reasons why NOT use a standardized one size fits all consent form. There is no boilerplate language that could meet everyone's individual needs and circumstances. It is recommended that if you are working in a healthcare institution or clinical space or developing a private practice that you find an appropriate attorney to review your form to be certain it meets the requirements of the institution, and statutory standards of your profession, state and locality.

Sample consent forms are included below. We want to emphasize that these are not templates for you to simply insert your personal information, but rather samples to start a dialogue and initiate a thinking process about the value and importance of having consent from everyone with whom you share this work.

We are hoping you will be motivated by this dialogue and the above article to start the process of developing an individual consent form. Each person has the responsibility to create a consent form that meets both the needs of their practice, their client needs and meets the standards of the laws and regulations of their profession and state.

SAMPLE A HEALING TOUCH CONSENT FORM

My Status and Scope of Practice

Hello, my name is *Jane Smith* and I am an **HT Practitioner Apprentice**. Healing Touch is a gentle, complementary, energy based approach to health and healing that can assist in bringing a body to its natural ability to heal. I do not diagnose or treat disease and I am not a physician. These sessions are not a substitute for diagnosis or treatment from a qualified health practitioner for illnesses, injuries, or other medical conditions. My services are not licensed by the state of Ohio and my practice is guided by the Healing Touch Code of Ethics and Standards of Care.

Basic Definition of Healing Touch:

Healing Touch is an energy therapy in which practitioners consciously use their hands in a heart-centered and intentional way to support and facilitate physical, emotional, mental and spiritual health and healing.

Healing Touch is a holistic, complementary and integrative energy based therapy that is accomplished through the practitioner's use of contact and/or non-contact touch and a heart-centered state of being. The healing traditions of many cultures emphasize the importance of subtle energy systems that flow through and around the human body, affecting its health and vitality. Many of these traditions stress that balancing these energy fields can assist the body, mind and spirit in moving towards and maintaining wellness.

Description of a Session

During a session (which can vary in length averaging thirty to sixty minutes), I will gently place my hands on or above the person's fully clothed body noting any sensations or imbalances to assess the energy field. I then choose a Healing Touch technique that is appropriate for your needs. This may include light physical touch or sweeping hand motion above the body. There is a high likelihood that you will experience the relaxation response during the session. A feedback discussion will follow. People have many different responses to Healing Touch. Some clients feel nothing at all. Others describe sensations of moving energy, deep relaxation, feelings of being supported and nurtured, or visions of images and colors. Some patients experience an emotional release such as tears; some have what they consider to be a spiritual experience or they may develop insight into specific areas of their lives.

Benefits of Healing Touch

Recent research studies suggest that Healing Touch is effective for physical and mental relaxation, pain management, anxiety and stress reduction, and increasing one's sense of vitality. Clients of Healing Touch typically report experiencing the relaxation response and often report an increased sense of wellbeing and peace. Many have reported positive experiences that have helped them better cope with illnesses, medical protocols for treatment of medical conditions and depression but I can make no specific claims regarding the results you may experience from a Healing Touch session. Clients may request a list or summary of the numerous research studies done on Healing Touch since the early 1990s.

Healing Touch is a noninvasive energetic technique, still being researched by traditional science, and currently has no known detrimental side effects.

My Energy/Educational, Training and Experience

(Include a personal statement about your Education, Training and Experience.)

**SAMPLE A Continued
HEALING TOUCH CONSENT FORM**

Confidentiality/Client Rights:

Your experiences during our sessions are confidential, and you have a right to view your files upon written request. Confidentiality is subject to the following exceptions:

1. You may instruct me to release information to other health care practitioners in writing.
2. I may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to yourself or another person).
3. Your confidential personal file is kept in a secure location and is retained for 4 years after you suspend services after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

ACKNOWLEDGEMENT, CONSENT, CLIENT PRIVACY RIGHTS

I have read and understand the above disclosure regarding the services offered by **Jane Smith**. We have discussed the nature of the services to be provided including information that Healing Touch is a holistic complementary and integrative energy based therapy that is accomplished through the use of contact and/or non-contact touch. I understand that she is not a licensed physician and that her services are not licensed by the state of Ohio. I understand it is my responsibility to maintain a relationship for myself with a medical doctor, if I so desire. I further understand that the above named is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

I have read and understand the above disclosure regarding privacy policies and confidentiality, and that experiences during these sessions are confidential, but subject to the usual exceptions governed by laws of the State of Ohio and other federal laws and regulations.

I have been informed that my Healing Touch **HT Practitioner Apprentice** will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Healing Touch sessions that I receive.

My questions have been answered to my satisfaction regarding my Healing Touch provider's background, a Healing Touch session, and what I might expect from this session.

I fully consent to use the services offered by **Jane Smith** by signing below:

Signed: _____ Date: _____

Print Name: _____

Address: _____

SAMPLE B
SHARING INFORMATION and CONSENT for a HEALING TOUCH SESSION
(Sample for Healing Touch Students, and Healing Touch Practitioner Apprentices)

TELL your clients a little about you. Start your professional dialogue and relationship as a Healing Touch provider.

WHY I AM BECOMING A HEALING TOUCH PRACTITIONER

While care giving for friends and family who suffer from extensive and serious, chronic mental and physical illness, I began to search outside of the traditional Western model to see what alternative or complementary healing modalities exist. I wanted to understand and evaluate their effectiveness and technique. In this process I have found a unique opportunity to rethink ideas around illness, healing, and pain, and to understand the connection of these concepts with my personal and spiritual growth. I have a passion to share what I have learned and to work toward alleviating the pain and suffering of others. I have found Healing Touch to be an exciting and extremely beneficial healing technique, which I used everyday in providing relief for my mother who suffered from Alzheimer's for many years.

CURRENT HEALING/EDUCATIONAL CREDENTIALS

- I have completed an Energy Medicine study and certification training with Donna Eden, a medical intuitive and author of the book, *Energy Medicine*.
- I have studied with of Dr. Eric Pearl, Chiropractor and author of *The Reconnection*. I attended his coursework level I/II/III to become a practitioner of individual Reconnect Healing sessions and The Reconnection.
- I am currently completing Level 3 training of Healing Touch. I intend to complete all five levels through Program Completion and then go on to receive the Healing Touch Program Practitioners' International Certification in 2008.
- I hold a traditional B.S. in Education from Ohio University and an M.A. in History from Columbia University.

CLIENT CONSENT FOR HEALING TOUCH SESSIONS

I hereby agree to participate as a subject in the practice and demonstration of Healing Touch sessions with the Healing Touch Practitioner Apprentice, Jane Smith, who is being mentored by a Certified Healing Touch Practitioner. After a thorough initial discussion with her, I understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch.

I was informed the purpose of a Healing Touch treatment is to facilitate harmony and balance in the energy system creating an optimal environment for the body's innate tendency for healing to occur. Healing Touch complements and supports other traditional, medical, and health treatments.

I understand that these Healing Touch sessions are not diagnostic nor do they guarantee any cures, and I understand a practitioner does not interfere with any directions from a qualified healthcare provider.

I understand that these sessions are confidential and that any discussion about the work might be used anonymously for teaching and training purposes only, subject to the usual exceptions governed by laws of the State of Ohio or federal laws and regulations.

By signing below I fully consent to receiving Healing Touch sessions, and commit to being open and involved in the study, learning, and practice of Healing Touch as offered by the above named student, or apprentice.

DATE _____

SIGNED _____

PRINT NAME _____

SAMPLE C
CLIENT CONSENT FOR HEALING TOUCH SESSION

I _____, have received information and understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or noncontact touch.

It has been explained to me, that Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I have I may be advised to seek by them.

I have been informed that my Healing Touch volunteer will neither diagnose nor prescribe for any condition that I might have nor does she make an specific claims regarding results from the Healing Touch sessions that I receive.

I have been informed that she is not licensed to practice medicine in this state. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Some of the indications for a Healing Touch session include, but are not limited to:

- Reduction in pain, anxiety and stress
- Decrease in nausea
- Preparation for medical treatment and procedures and to manage side-effects
- Support during chemotherapy
- Supports the body's natural healing process and well being
- Facilitation of wound healing

I have been informed that all client information & records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by State or federal laws and regulations.

My questions have been answered to my satisfaction regarding my Healing Touch Volunteer's background, Healing Touch, and what I might expect from this session.

I give my consent to receive Healing Touch from **Jane Smith, an HT Practitioner Apprentice.**

Patient Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Witness _____ Date _____

SAMPLE D
CLIENT CONSENT FOR HEALING TOUCH SESSIONS

I _____, have received information regarding Healing Touch. I understand that Healing Touch is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch. It has been explained to me, that Healing Touch is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner.

These sessions are not meant for diagnosing or treating any physical or mental disease or condition. Healing Touch services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

Jane Smith is a **Healing Touch Practitioner**, and is not a licensed physician nor are any HT services licensed by the state of **Colorado**.

I have been informed that my Healing Touch Practitioner will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Healing Touch sessions that I receive.

I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Fees and Payment

Fees charged for an HT session are **\$50.00**. The session is one (1) hour in length. (Allow 1 ½ hours for intake and post treatment time.) Check and cash are accepted for payment. Each check that is returned because of insufficient funds will result in a charge to you of \$15.00 plus bank charges. At this time I do not file insurance claims. If you desire, I will give you a receipt if requested for you to submit to your Flex account.

Confidentiality

I have been informed that all client information and records provided during a Healing Touch session will be kept confidential except under circumstances as detailed in Colorado Statutes or federal laws and regulations. Information may not be released to individuals or agencies without my signed authorization, except in those legal situations as noted.

Practitioners are required by law to report, or cause to be reported, the threat of serious harm to self or others. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

I _____ authorize that material from this HT session and or my anonymous confidential files may be discussed with an appropriate mentor for purpose of consultation, education or support. All information will be handled professionally and confidentially. Such discussions enable my **HT Practitioner** to render better service and increase their effectiveness in my sessions.

My questions have been answered to my satisfaction regarding my **Healing Touch Practitioner's** background, credentials, Healing Touch, and what I might expect from this session.

I have read this form and I understand and agree to the policies described herein. I give my consent to receive Healing Touch from **Jane Smith**.

Patient Signature _____ Date _____
Parent/Legal Guardian Signature _____ Date _____
Witness _____ Date _____