



Raindrop Technique and Emotional
Release Informed Consent
Karen S. Birdsall, CCI, LMT, BCTMB, CPMT

I understand that Karen S. Birdsall will not intentionally diagnose, suggest any treatment, prescription or cure for any disease, disorder or condition that I may have.

I understand that Raindrop Technique is a non-secular art and science and is an application of essential oils. I understand that the use of essential oils may help me improve 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 understand that in an Emotional Release session, Karen S Birdsall is in no way acting as a psychotherapist, a counselor for mental health nor is she treating any other psychological disorder or maladjustments that should be cared for by a professional.

I understand that the natural therapies offered by Karen S. birdsall are not a substitute for adequate medical care. I intend to remain under the care of my primary care physician.

I understand all natural care may cause some minor discomfort, and some minor adverse side effects may occur through no fault of my own or Karen S. birdsall.

I understand my health is my responsibility. I will advise Karen S. Birdsall of anything that might help us work together better to achieve the facilitated changes that I seek.

I understand my identity and any information about me, whether I share it with Karen S. Birdsall or she discovers it on her own, will be held in the strictest confidence, except when released by me in writing or as required by law.

I acknowledge that I have read and understand this form. Karen S. Birdsall has answered all of my questions. I agree to allow Karen S. Birdsall to help me learn to facilitate my own self care using the natural healing techniques and modalities herin listed.

Client or Guardian Signature _____ Date _____

Client Printed Name _____

Address _____