



Heather M. Hofmann

Health and Wellness Consultant and Energy Work Practitioner

702-575-8263

Information and Policies

CURRENT FEES

Energy healing session rate: \$120/hour for all healing modalities except for Reiki and Healing Touch. **\$90/hour** for Reiki and Healing Touch. Minimum payment is \$40 (20 minutes). Additional time will be prorated at the hourly rate. Either party has the right to set a monetary cap or time limit on the session.

Teaching rate: \$45/hour per person. Seminars, classes, workshops and events will have specific prices designated ahead of time.

Missed appointments and cancellations within 24 hours of a scheduled session will incur a \$40 fee, payable prior to rescheduling. There are no refunds.

Payment is due at time of service (unless previous arrangements and payment plans have been made). Current payment options include: cash, check, money order, PayPal, Venmo, and Facebook Pay.

PRIVACY AND CONFIDENTIALITY

Heather M. Hofmann will not knowingly share client contact information with any third party without consent. Emails and texts will be used to inform, to teach, to remind of appointments, and to follow up after a session or workshop. Please note that emailing and texting are not secure forms of communication. If a client chooses to communicate or request personal information via email or text, they do so at their own risk.

Parents and guardians have the right to know of anything that transpires in a session for their child or pet. It is recommended that a parent/guardian be present during the healing session (in person or over the phone).

Heather M. Hofmann teaches through stories, experiences and examples, both her own and those of others. If there are things (heard, seen, learned and/or experienced) that resonate with her soul, they become a part of her own story, and she may be prompted to share those stories as she teaches others. In order to be respectful of confidentiality, **no personally identifiable information will be disclosed.**

Exceptions to Privacy and Confidentiality Policy: Though not a mandated reporter, there are cases where safety may trump confidentiality. Heather M. Hofmann reserves the right to report and disclose pertinent information if abuse/neglect is suspected, if a client is a danger to themselves or others, or if the judicial system orders client records to be made available.

CURRENT PRACTITIONER CERTIFICATIONS

- Master's Degree in Education
- Usui Holy Fire II Reiki Master Practitioner
- Certified Emotion Code Practitioner
- Certified Body Code Practitioner
- Student of Healing Touch
- Student of Jin Shin Jyutsu

SERVICES OFFERED DURING SESSIONS MAY INCLUDE

Reiki	Emotion Code	Muscle Testing	Chakra Spinning and/or Balancing
QiGong	Body Code	Jin Shin Jyutsu	Generational Healing
Grounding	Healing Touch	Deep Breathing	dōTERRA Essential Oils
Crystals	EFT Tapping		

CAUTION!

- **Caution must be exercised with the use of magnets** if a client is pregnant or has implanted electronic devices, such as an insulin pump, pacemaker, spinal cord stimulator, nerve blocker, etc.. Please apprise Heather M. Hofmann if any of these are applicable.
- **Sessions may include the use of high quality dōTERRA essential oils.** While essential oils can be helpful in the healing process, their use has not been approved by the FDA. Please advise Heather M. Hofmann if there are any sensitivities to essential oils.
- **Avoid scheduling other energy work appointments close to a scheduled energy healing session** (including massage and chiropractic care) as the body needs time to process each treatment.

QUESTIONS OR CONCERNS

Please contact Heather M. Hofmann at 702-575-8263 or heather.healinginhomes@gmail.com. to resolve any questions or concerns regarding any portion of this document PRIOR to signing this form or submitting it electronically.

Your signature below indicates that you have been informed of, understand, and consent to the information and policies stated in this document and grant permission to be contacted at the phone number and/or the email provided.

Client Name (Please Print): _____ **Date:** _____

Client Signature: _____

Phone: _____ **Email:** _____

Emergency Contact (Name and Phone): _____

