



Policies

(Please read through all of the policies before scheduling, thank you!)

Background and Training: Christina Roe has been practicing Reiki since 2010, and became a certified Reiki Master in 2012. She is a Registered Reiki Professional in good standing with the International Association of Reiki Professionals. Ms. Roe specializes in working with people of all ages who wish to utilize Reiki for general wellness and stress reduction as well as for specific tension and pain problems.

Who Can Benefit: Reiki can be used for general wellness as well as for specific issues. Reiki works by assisting to reduce stress, which in turn may create an environment within your body where healing may more easily be facilitated.

Reiki is sometimes used as an adjunct to certain medical conditions on the recommendation of a physician or other health care provider (e.g. high blood pressure, anxiety, etc).

Client / Practitioner Expectations: The first session begins with a brief interview and client intake form. You are asked a series of questions so that H3 Healing may plan the most beneficial session / series of sessions for your needs. Please keep in mind that privacy and confidentiality are maintained at all times. Christina subscribes to the IARP Code of Ethics as provided on our website www.h3healing.com. A Reiki session is performed on a massage table, and you are always fully clothed.

A Reiki session may start with the client lying face up resting comfortably. Christina will complete the standard Reiki hand positions. If you indicate in the interview or at the beginning of the session that you wish for Christina to pay attention to a particular injury or issue, she will concentrate on that area during the session. Clients can ask for different parts of the body to be worked on, or not worked on, and are encouraged to discuss this with Christina at the beginning of a session.

During the session, clients are encouraged to relax and inform Christina if anything makes them uncomfortable, either physically or psychologically, as soon as possible. Usually, the goal is to have you relax during the session; however, if you want to provide feedback or ask questions during the treatment please feel free to talk.

H3 Healing reserves the right to refrain from working on a person who is under the influence of drugs or alcohol.

Sexual harassment is not tolerated. If the practitioner's safety feels compromised, the session is stopped immediately.

Babies / Children / Young Adults under 18: H3 Healing requires anyone in this age group to have a parent or guardian present for treatment. In addition, the parent or guardian must sign the intake and consent forms.

Appointment Policies:

- Each session is 60 minutes unless otherwise noted.
- The first appointment, which includes a history and assessment, lasts approximately 75 minutes. There is no additional fee.
- If a client is late for a treatment session, the session still falls within the 60-minute allotted timeslot. There is no discount or refund.
- If Christina is late, the session lasts the full 60 minutes or the treatment rate is discounted.
- If you wish to cancel an appointment, you must do so 24 hours in advance. If you receive the voice mail when calling to cancel, please leave a message including the date and time of call. Text message cancellations are also accepted if you provide your name and the date / time of your appointment. Emergency cancellations aren't charged for at the practitioner's discretion. If the practitioner needs to cancel an appointment, she will do so within 24 hours whenever possible. If she can't do so, your next session is at no charge.
- Hours are by appointment only.
- H3 Healing returns calls within 24 hours unless out of town.



Fees:

- Wellness Lifestyle Coaching: Free. Limit 1 / person. 30 minutes.
- Reiki Level 1 – online: \$199.99. Two day class. Three (3) hours each day.
- Distance Reiki via Zoom: \$37.50. 30 minutes / 4-pack for \$135.00 / Monthly Gold membership \$120/month.
- Payment is made at time of booking online. H3 Healing accepts Visa, Mastercard, American Express, Discover. No personal checks accepted.
H3 Healing does not bill clients nor provide direct billing for insurance.

Professionalism:

- Our profession ascribes to a code of ethical behavior, which is available on our website www.h3healing.com. Christina follows all of the statements in this ethical code and has strong beliefs that practitioners and their clients should not engage in intimate social relationships.
- Personal and professional boundaries are respected at all times.
- Christina performs services for which she is qualified (professionally, physically, and emotionally) and able to do, and refers to appropriate specialists when work is not within her scope of practice or not in the client's best interest.
- Treatments are customized to meet the client's needs.
- Client records are kept and reviewed before each session.
- All clients are respected regardless of their age, gender, race, national origin, sexual orientation, religion, socioeconomic status, body type, political affiliation, state of health, dietary preferences, and personal habits.

Recourse Policy: If you are dissatisfied with your Reiki session, you receive a full refund for that session or a complimentary treatment.

Scroll down for Intake and Consent forms



CLIENT Intake Form

Client Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthday (MM/DD): _____

Would you like to be added to our mailing list? Yes / No

Emergency Contact: _____ Relationship: _____

Emergency Contact Home Phone: _____ Cell Phone: _____

General Information

How did you hear about H3 Healing? _____

Have you ever had a Reiki session before? Yes / No

If yes, for what purpose (e.g. general wellness, stress reduction, etc.)? _____

What do you hope to accomplish with this Reiki session?

Relaxation / Stress Reduction / Pain Reduction / Other, please explain _____

Are you sensitive to fragrances or perfumes? Yes / No

Would you like your session to include aromatherapy? Yes / No

What are your common areas of pain or tension? _____

List any specific areas you would like the practitioner to concentrate on during the session.

Would you prefer a Hands-on or / Hands-off session?

Do you have any concerns related to your session or is there anything else we should know?

Please Note: It is recommended that you consult with your physician prior to starting any new wellness program.

Signature: _____ Date: _____

Thank you for allowing H3 Healing to serve you!



RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, (print name) _____ hereby voluntarily request and consent to receive Reiki services from H3 Healing, LLC.

I understand and acknowledge that no guarantees have been made to me as to the effect of such services.

I further understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease but rather as an aid to balancing my energy and to possibly improving my general wellness.

I understand that prior to my first Reiki session I will receive an oral explanation of and description of a Reiki session.

I understand that H3 Healing upholds the highest standards of care and professionalism and as in IARP® Registered Reiki Professional, abides by the IARP Code of Ethics. A copy is available at www.h3healing.com for review.

I understand that Reiki services provided by H3 Healing are simply intended to enhance relaxation and to aid in stress reduction.

I understand that Reiki is not a substitute for medical treatment, medications, diagnosis, or advice, and it is recommended that I concurrently work with my doctor or primary caregiver for any condition I may have. I am advised that if I am sick, I should consult my doctor. I am aware that my Reiki practitioner does not diagnose illness or disease and does not prescribe medication.

If I experience any discomfort during the session, I will immediately communicate that to the practitioner so the treatment can be adjusted.

I have filled out the Health Information Form completely, and have listed all health challenges that I am currently facing prior to starting Reiki treatment. I will alert my practitioner of any new injuries or health conditions that may occur at subsequent treatments.

I understand that, by signing below, I knowingly and voluntarily expressly waive any claim which I may have against H3 Healing, LLC and/or Christina Roe for any injury or damages that I may sustain as a result of participating in any Reiki service offered by H3 Healing, LLC and / or Christina Roe now or any time in the future.

Printed Name: _____

Signature: _____ Date: _____