**Winston Salem Healing Clinic**

**Consent Form**

I understand that:

* NIASZIIH is a nature-based system of healing that works with awareness and deep contact in healing the body, mind and spirit.

* NIASZIIH supports medical care and is not intended to replace appropriate medical intervention or therapy.

* It is recommended that I be under the care of a qualified medical provider for any current health issues.

* NIASZIIH practitioners and students will operate within their scope of practice.

* NIASZIIH practitioners and students will conduct their practice according to the Code of Ethics listed on the web site.

* NIASZIIH practitioner has made no specific claims regarding the results I may receive form NIASZIIH healing sessions.

* I have been given the opportunity to clarify any questions I may have about NIASZIIH.

In signing this, I give my consent to receive NIASZIIH healing and acknowledge that I am 18 years or older and requested this healing for myself.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_