

Healing by Catherine! 919.880.5733

I am pleased to have the opportunity to work with you. Here is some basic information about the healing work that I do and what you may expect during a session.

I am a 3rd generation born healer that means I possess this extraordinary gift to be able to heal people's physical illnesses or help them spiritually.

I do not medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine and psychotherapy. I find that this healing work is especially effective when combined with other treatments, modalities and alternative therapies. I encourage you to discuss our healing work with your primary physician, surgeon, chiropractor, clinician, physical therapist, psychotherapist or others on your care team.

It is important for the energy to move through you rather than resist the natural flow of energy. Many of my clients experience increased well-being and improvement in their condition from this healing work; however, I cannot promise these things.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being encompassing mind, body and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, your partner in the healing process. In the course of our work together, we will explore areas that influence your state of well-being (physical, mental, emotional and spiritual). We will address your health history, life stressors, belief systems and attitudes, your family, and childhood history, relationships, diet, exercise, dreams, longings and spirituality. Self-care is an extremely important part of the healing process. At all times your healing is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend you drink 24 ounces of water (preferably spring water) after each session to ensure proper hydration. Any information you share with me during our session is kept confidential. I do, however, discuss clients without mentioning their names with my professional supervisors or professional peers for the purpose of my continuing professional development, and so that clients may receive the most assistance available. All my client records will be kept in a locked file and only released with your permission or as is required through a court order or as detailed in North Carolina Statutes or Federal Laws and Regulations. I will however, report the threat of harm to self or others, including elders and children.

We may prefer to set up a regular schedule to work, but there is never any obligation to continue treatment. My fee is currently \$125 for a 60-minute session. I accept cash, credit card, debit card or you can use PayPal on my website. If you cancel an appointment, please give me as much notice as possible. I ask for a full payment for the session if you cancel within 24 hours from the scheduled time. In signing the acknowledgment below, you agree that I may work with

you in the above -described manner. I am most happy to answer any questions regarding my services and I also encourage you to express any concerns you may have.

“All is Love be Present”

Catherine

ACKNOWLEDGMENT AND CONSENT FOR TREATMENT

I have read and understand the information provided by Catherine and freely elect to have her work with me in the above- described manner. I understand the scope of practice of Catherine’s work. My questions have been answered to my satisfaction regarding Catherine background, credentials, fees, discounts, payment options, cancelation policy and what I might expect from the healing sessions. I understand that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of energy work interventions. Furthermore, it is acceptable to me to have the information about my healing session shared (without my name or any identifying information) with professional supervisors or professional peers for the purpose of the healer’s continuing professional development I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Catherine. (This statement is required by the professional liability insurance.)

Signed: _____

Date: _____

Name – Please Print:
