



Integra Healing Arts

**Consent Form**

I, \_\_\_\_\_ (print name) consent to treatment for myself (or my minor child) \_\_\_\_\_ (print name), and understand that the services provided by **Lynne M. Grigelevich**, the practitioner of Integra Healing Arts is intended to increase communication within my body and enhance relaxation.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not given, and medication is not prescribed. I understand it is recommended that I continue to have regular medical check-ups as part of my overall health care plan.

I understand that participation is always voluntary and that I may choose to end my participation at any time. I understand that I may experience 'healing reactions' during the 24 to 48 hours following the services provided.

I understand that any information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission. I understand that only the practitioner of Integra Healing Arts will have access to information in my file to enhance my healing.

- I do give the practitioner consent to use my case history and results without using my name.
- I do not give the practitioner consent to use my case history and results without using my name.

I understand that by providing this informed consent, I am assuming full responsibility for my services, and I hold harmless both the practitioner, **Lynne M Grigelevich**, and the facility/location where the services are provided.

I agree to the terms and conditions in this consent form and certify that the above information is true & correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness - Print name