

# Marconics 'No-Touch' Client Informed Consent

*This information is kept confidential! Please Print Clearly*

Name	
Address	Street
	City/State/Zip
Phone Number	
Email	

I understand that a **Marconic 'No-Touch' Session** provided by **Robin Landau, LMT**

- Is intended to help me balance and release energy blocks in my human energy field to promote my ability to support the healing of my physical, emotional, mental, and spiritual disorders and diseases.
- Are NOT a substitute for medical or psychiatric treatment or medications. It is recommended that I consult with my primary physician or psychologist/counselor for any condition I may have.

During **Marconic 'No-Touch' Session:**

- I **may** experience tingling, hot or cold sensations, lightheadedness, or emotional release during a session. I will inform my practitioner of any uncomfortable sensations or physical/emotional distress during or after treatment.
- I understand that the session may involve the use of touch on my fully clothed person in a professional manner that is consistent with Energy Therapy Techniques. I will inform my practitioner if there is any area on my person that I do NOT wish to be touched.
- I understand that **Marconic 'No-Touch' Session** are performed in the energy field around by body and I will not be touched during the session but may be touched to help me settle and ground energy.
- I am aware that a Marconic Energy Practitioner does not diagnose disease or disorders and does not prescribe medications.

I have been informed of the fee for my **Marconic 'No -Touch' Session** and understand that while I may stop my session at any time, fees are non-refundable as my appointment time has been set aside for me.

Signature\_\_\_\_\_

Date:\_\_\_\_\_