

## Consent Form for 'MARCONIC RECALIBRATION' Sessions

Marconic Recalibration is to bring it into alignment with the fifth dimensional body template, incorporating the **Integrated Chakra Unification** and the connecting of vibratory lines within the fifth dimensional body to the Axiatonal system of the Universe – for the Upgrade.

I am certified as a Marconic Recalibration Practitioner by Alison David Bird, Originator of Marconics. I do not diagnose or treat disease and I am not a physician.

### **Basic Definition of Marconic Recalibration**

Marconic Recalibration connects the individual to the electromagnetic field of the Crystalline Grid, triggering DNA, and Lightbody development in readiness for life in Higher Dimensional Frequencies. It reconnects the being to resonating Star Systems, without distortion, according to the individual's Spiritual evolution.

### **Description of a Session**

A Marconic Recalibration is conducted in two one-hour sessions. Each session must be within 72 hours of the other. During each session, the practitioner will gently place hands above the person's fully clothed body. A brief feedback discussion will follow. People have many different responses to Marconic Recalibration. Some clients feel nothing at all. Others describe sensations of moving energy, deep relaxation, feelings of being supported and nurtured, or visions of images and colors. Some patients experience an emotional release such as tears; some have what they consider to be a spiritual experience or they may develop insight into specific areas of their lives.

### **Confidentiality / Client Rights**

Your experiences during our sessions are confidential, and you have a right to view your files upon written request. Confidentiality is subject to the following exceptions:

1. You may instruct the practitioner to release information to other health care practitioners in writing.
2. The practitioner may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to yourself or another person).
3. Your confidential personal file is kept in a secure location and is retained for three years after you suspend services, after which time all information will be destroyed in a proper manner.
4. Your confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

### **ACKNOWLEDGEMENT, CONSENT, CLIENT PRIVACY RIGHTS**

I have read and understand the above disclosure regarding the services offered herein. We have discussed the nature of the services to be provided including information that Marconic Recalibration is one-time Upgrade, that is accomplished through the use of non-physical contact. I understand that he/she is not a licensed physician and that his/her services are not licensed. I further understand

that the practitioner is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies. I have read and understand the above disclosure regarding privacy policies and confidentiality, and that experiences during these sessions are confidential, but subject to the usual exceptions governed by laws of the State of and other federal laws and regulations.

I have been informed that my Marconic Recalibration Practitioner will neither diagnose nor prescribe for any condition that I might have nor does she make an specific claims regarding results from the sessions that I receive.

**AFTER YOUR SESSION:**

Please rest. Drink plenty of water. No alcohol or drugs. We advise that between your first and second session you do not engage in sex. You remain peaceful and stay away from restaurants, bars and nightclubs.

Please do not have any other form of energy treatment for approximately one month after your Marconic Recalibration.

Marconic Energy is profoundly working on every system in your multi-dimensional body. Allow it to do its work before mixing with other lower vibrational frequencies.

I fully consent to use the services offered by signing below.

I \_\_\_\_\_ have read and understand the above information provided. I further understand that his/her services are not to be construed as a medical examination, diagnosis, or substitute for medical treatment, and that nothing said or done during the course of the session or sessions should be interpreted as such.

Sign \_\_\_\_\_

Date \_\_\_\_\_