

Disclosure Form

Disclosure to fulfill the requirements Of California Senate Bill #SB577, passed in September 2002, affecting all non-licensed helping professionals offering alternative health care.

I, Sarah Lombardo, am a Register Nurse, Certified Hypnotherapist, Certified Shamanic Practitioner, Reiki Master, and Massage Therapist. I am not a California licensed mental health practitioner or physician and I do not provide psychotherapy or any other form of mental health service which would require a California state license, nor do I hold myself out to provide such services. I do not provide diagnosis or treatment of physical or mental conditions nor am I licensed by the state as a healing arts practitioner. Hypnotherapy, Reiki and EFT are considered complementary healing arts services that are not licensed by the state.

These Energy therapies assist with pain management, goal setting, performance enhancement, self-healing, regression therapy, trauma, relationship issues, stress management, career issues, life purpose, personal growth and discovery. None of these services is intended to be a substitute for medical or psychological care. Any issue beyond the scope of these Energy therapies will be referred to a licensed practitioner. The goal of the Energy therapies is to provide clients with a safe, non-judgmental and supportive environment where clients can gain insights into established patterns of behavior and work towards transformation and growth.

Cancellation Policy

Advanced notification to change or cancel an appointment is required. Cancellations will be accepted until 10:00 PM the night before an appointment. Cancellations by email must be confirmed before that time to be accepted. Late cancellations should be made by telephone to ensure that they have been received. If you fail to give sufficient notice of a cancellation you will be charged your regular fee for that session. As a courtesy please give as much notice as possible. Tentative notice is also appreciated.

Payment Policy

Fees are due at the time that the service is provided. Payment in advance may also be made for multiple sessions. Payment plans are available by request and must be agreed to in advance.

I have read and understand the disclosure.

I have read the above payment policy and I agree to pay my fees on the day of each session or in advance. ____ (Initial.)

Signature: _____

Name (printed): _____

Date: _____