Informed Consent

Name

Date of Birth

Address

Telephone Number

Before receiving services from Pathwalker Quantum Healing LLC, it is important for you to understand the following information.

1. I understand that I will be receiving complementary and alternative health care services from Steven McCann of Pathwalker Quantum Healing LLC. These services may include:

   Hypnosis; Neuro-Linguistic Programming (NLP); DNA encoding and activation; Psycho-spiritual healing/discussions; Energy Healing modalities; Reiki; and other services the Practitioner offers.

2. I understand that the risks of these services may include: uncovering traumas beyond the skill set of the Practitioner; and general feelings of uneasiness due to physical or emotional purging that may occur after a session.

3. I understand that the benefits of these services may include: feelings of physical, emotional and spiritual wellness; past and present conflict resolution; better handling of future conflicts and issues; and a better understanding of self and others.

4. I understand that all services are provided online and that there are risks associated with transmitting information over the Internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Despite the use of security measures, there remains a risk that a transmission made during a virtual examination/evaluation could be breached and that the transmitted information could be accessed by unauthorized persons.

5. I understand that the State of Minnesota has not adopted any educational and training standards for unlicensed complementary and alternative health care practitioners.

6. I understand that Steven McCann is not a medical doctor and cannot provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If I suspect I may have an ailment or illness that may require medical attention, then it is my responsibility to consult a licensed physician immediately. I understand that I should see a licensed physician if I think I have a medical condition. Pathwalker Quantum Healing LLC will not be held liable for failure to diagnose or treat an illness or for failure to prevent a future illness.

7. I understand that the alternative to receiving the services is to not receive such services and that I may discontinue receiving services at any time.

8. By signing this form, I consent to Pathwalker Quantum Healing LLC's use and disclosure of information about me for the purpose of evaluation, payment, and providing services. I understand that I have the right to revoke this consent, in writing, but if I revoke consent, that will not change any disclosures that have already been made.

9. By signing this form, I acknowledge that I have reviewed the above, I have had an opportunity to ask questions and discuss any concerns I may have about the services being provided, and about this form.

I freely and voluntarily sign this form.