

Repatterning Practitioners Association Clients Rights Form

Client Information

Name: _____

Address: _____

Phone: (Home/cell) _____ Phone: (Work) _____

Occupation: _____ E-mail: _____

Referred
by: _____

Goal(s) for your session:

Client Rights

Please read the following information carefully as it provides you, the client, receiving a session in the Resonance Repatterning® system, with important information you may want to know concerning your session and the level of training attained by your practitioner. Please initial where indicated to show your understanding of the statement.

- 1. Resonance Repatterning is not a medical or psychological method, and as such practitioners do not diagnose or treat disease, nor do they prescribe regimens for curing or treating disease.***
2. The Resonance Repatterning system identifies and transforms any unconscious patterns you resonate with that create limitations you may be experiencing.
3. Only with your permission does your Resonance Repatterning practitioner use the muscle checking technique, also known as Applied or Energy Kinesiology. (For more detailed information on muscle checking, see the www.rpamembers.org web site.)

Muscle checking, as used in Resonance Repatterning, involves a gentle contact on your arm and may be done without touch by the practitioner on your behalf. The muscle checking technique is used to identify what your system resonates with and for identifying what Modality will transform any negative resonance. ***The Resonance Repatterning muscle checking technique is not used as a tool for making a decision for you, such as which medicine or supplement to take, whether you need an operation or not, to diagnose a disease condition, or to find out whether an abuse experience or some other event "really happened," or will occur. The muscle checking tool only checks for what you resonate with, or what will support a higher energy state of coherence.***

4. In a phone or proxy session the practitioner muscle checks on his or her own muscles on your behalf.
5. Resonance Repatterning Modalities and the muscle checking technique may require some touch. If you have any concerns, no matter for what reason, you are welcome to honor your feelings and request a substitute contact, or no contact, or a substitute modality. By initializing this line I consent for appropriate touch. _____
6. In all Resonance Repatterning sessions the client remains fully clothed.
7. I understand that my Resonance Repatterning practitioner has the right to discontinue sessions with me and/or to make referrals to other qualified professionals, as deemed necessary.
8. Your session is confidential and will not be shared with any third party in whole or in part without your written consent in compliance with the Code of Ethics and practice set up by the Repatterning Practitioners Association..
9. Should any process or modality that is not part of the Resonance Repatterning process be suggested by your practitioner in a session, he or she will ask if you are willing to proceed or wish to remain strictly within the Resonance Repatterning system and honor your preference.
10. My practitioner is a Certified Resonance Repatterning Practitioner.

(A Resonance Repatterning student practitioner may have attended one or more of the Resonance Repatterning seminars, while a Resonance Repatterning certified practitioner has completed his or her course of study, has been observed and is certified by the professional non-profit 501 C 6 trade association [Repatterning Practitioners Association] to have demonstrated competence in their practice of Resonance Repatterning.) See www.ResonanceRepatterning.net for details on the curriculum and training. Upon your request, the practitioner will provide you with a copy of his/her Practitioner Seminar Attendance record.

11. The practitioner has clearly informed me of the fee structure and cancellation policy. By initializing this line, I agree to the attached fee structure and cancellation policy. _____

Base session fee is \$65.00 or \$150.00 for three sessions. Practitioner reserves the right to adjust the fees with notification from time-to-time.

Cancellation policy: I require 24 hours notice of cancellation; otherwise full payment will be required.

12. Complaints and Resolution: If you are unhappy with any aspect of your session and are unable to find resolution directly with your practitioner, you are invited to contact the Repatterning Practitioners Association at www.rpamembers.org.

I have read and understood the above and take full responsibility for my own well-being. I understand that for all medical or psychological concerns including medication and supplements, I am responsible for consulting the health care practitioner(s) of my choice. I have received a copy of the above document.

Effective this _____ day of _____, 20____.

Client's signature

Practitioner's signature

Print name

Print name

Consent for Release of Information

Please check the boxes of the following options that pertain to how your information is handled.

I agree that the contents of my session may be discussed with the following people:

- The following people are not to be given any information about my sessions in any way including the fact that I am even having sessions:

- I agree that my sessions may be discussed with other practitioners for educational purposes provided all of my personal information has been removed.

Client signature

Print name

Date
