**miHealth2**

**Consent for miHealth2 Session from Leanne Barsby Frequency Program**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received information and understand that frequency is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or noncontact touch.

It has been explained to me, that frequency healing is a complementary therapy and is not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I have I may be advised to seek by them.

I have been informed that miHealth2 frequency Technician, Leanne Barsby will neither diagnose any medical condition nor prescribe for any condition that I might have nor does Leanne Barsby make any specific claims regarding results from the frequency healing sessions that I receive.

I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Some of the indications for a Frequency session include, but are not limited to:

* Reduction in pain, anxiety and stress
* Decrease in nausea
* Supports the body’s natural healing process and sense of well-being
* Emotional-Mental-Spiritual support

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by State or federal laws and regulations. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless miHealth2 frequency healing, Leanne Barsby from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). My questions have been answered to my satisfaction regarding frequency healing, miHealth2, and what I might expect from this session. I give my consent to receive frequency healing from **Leanne Barsby.**

Signature/ Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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