

Colleáyn T. Klaibourne
Spring Forest Qigong Master Healer, Intuitive, Wellness Educator and Artist
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Qigong & Intuitive Services

NOTICE

The Qigong and/or Intuitive services you have requested are to help you release energy blocks, open up your channels, and help fill you with the powerful, loving life energies of the Universe and to help you to gain awareness and insight. They are not directed at identifying specific medical or psychological diseases. There are no guarantees expressed or implied about any of your Qigong sessions. I am not a medical doctor, physician, psychologist, or veterinarian. If you have a medical concern or question that requires medical attention you should see a licensed physician, or a licensed or registered health care provider.

To create a life of wellness, it is important to take care of our body, mind and spirit. Through our own self-care, physical exercise, stress management, good diet & nutrition, meditation & prayer, rest & play, we are creating a good foundation for a lifestyle of healthy, balanced living.

UNDERSTANDING AND ACKNOWLEDGMENT

1. I understand that it is my personal choice and preference to use Qigong Services and/or to have an intuitive reading. I understand, that the information provided by Colleáyn T. Klaibourne concerning the nature of the spiritual and energy blockages of the body are not to be construed as a medical diagnosis.
2. Please be advised that intuitive readings cannot predict, forecast, or provide information with absolute certainty. By law I must state that psychic readings are given on the understanding that they are for 'Entertainment Purposes Only'. No guarantees or assurances of any kind are given and Colleáyn Klaibourne will not be held accountable for any interpretations or decisions made by recipients based on information provided during readings. The Readings & Intuitive Assessments are not meant for medical, legal or financial advice. You must be over the age of 18 to receive an intuitive reading from me.
3. At Colleáyn T. Klaibourne's request, I may be asked to have a parent, designated guardian, or support person in the room. I understand that I am free to end my relationship with Colleáyn T. Klaibourne at any time and that Colleáyn T. Klaibourne is free to stop providing service to me at any time.
4. I understand that the services I have requested are NOT MEDICAL DIAGNOSIS. If you desire or need a medical diagnosis you should consult with a licensed physician.
5. I agree to pay the full amount of the charges at the time services are provided and I understand that the services probably are not covered by insurance. Please see the Client Bill of Rights information for the fee and cancellation policy.

In signing below, I have read, understand, and agree completely to the above. I also acknowledge that I have received the Complementary and Alternative Health Care Client Bill of Rights.

Signature of Client or Legal Guardian: _____

Print name: _____

Date: _____

Colleáyn Klaibourne is a complementary and Alternative Health Care Provider. Do not discontinue or alter medical treatment or medication without first obtaining appropriate medical advice.