

# Southern Cross Energy Medicine

## Client Consent

Client Name: \_\_\_\_\_

Sabine Lang, the provider at Southern Cross Energy Medicine ("Southern Cross"), utilizes shamanic energy medicine techniques such as illuminations, extractions, and soul retrievals in attempts to restore homeostasis to the body. By working with and activating energy within the body, Ms. Lang attempts to effect changes in the physical body and influence health.

**The energy medicine techniques utilized at Southern Cross do not constitute the practice of medicine and are not approved by The United States Food and Drug Administration or applicable state licensing boards and agencies. The use of such techniques in treatment is considered non-standard and unconventional within the medical community. Sabine Lang is not a licensed physician and makes no representation that she is qualified to practice medicine or, by providing energy medicine techniques, is engaging in the practice of medicine. The scope of practice does not encompass the medical diagnosis or treatment of disease.**

Like any treatment, the energy medicine techniques utilized at Southern Cross carry some risk. Based on the facts known to her, Ms. Lang has explained the nature, purpose, side effects, risks and benefits of energy medicine treatment, the alternative methods of treatment and the possibility of complications. I understand there are alternatives to this type of treatment, including treatment by a licensed physician utilizing more conventional treatment approaches. I have had the opportunity to ask questions regarding this treatment, its side effects, risks, benefits, alternatives, and complications.

No guarantee has been made that I will obtain satisfactory results from the treatment rendered. I understand the treatment being rendered is elective in nature.

I understand it is my responsibility to disclose any relevant medications and supplements I am taking, as well as current symptoms, allergies, and diagnosis by other providers. By signing below, I represent I am not pregnant or nursing.

I am being treated for a medical condition or have symptoms which suggest a medical condition may be present> I understand I need to discuss potential alternative methods of treatment with a licensed physician. I understand the use of energy medicine techniques does not preclude me from receiving other treatments or utilizing other providers. I understand I shall not avoid or discontinue any treatment from a licensed provider due to the fact that I am receiving treatment from Southern Cross.

I understand it is my responsibility to inform Southern Cross of any complications, side effects or problems that develop and to seek treatment of such from a licensed physician. If an emergency arises, I agree to call 911 immediately. Southern Cross does not offer an after-hours service or provide emergency, or hospital-based services.

I understand I have the right to refuse any treatment from Southern Cross, and for whatever reason.

I understand Southern Cross is not a participating provider with any third-party health or medical insurance payor, and does not submit claims to insurance companies for services rendered. Insurance companies are likely to consider the techniques used by Southern Cross to be non-covered as experimental or investigational therapy, non-standard care, or medically unnecessary. By signing this Client Consent below, I agree to be solely financially responsible for payment for the services rendered by Southern Cross.

I understand payment is due in full at the time of appointment for services by Southern Cross; appointments must be cancelled and/or rescheduled at least 24 hours in advance; and missed appointments or late cancellations will be charged half of agreed upon fees. Fees are payable immediately after consultation via paypal or venmo.

I have read (or have had read to me) this Client Consent, have had an opportunity to ask questions and to learn the additional information I desire, and hereby consent to the services being rendered to me by Southern Cross and to voluntarily assume the risks, complications, and side effects associated with the energy medicine treatment being rendered. I understand there are alternative treatment options available, including more conventional treatments rendered by a licensed physician. I understand no recommendations are being made to discontinue more conventional types of treatment. I understand that Ms. Lang is not a licensed physician and that the services offered by Southern Cross are a complement, but do not replace, other services I may receive from licensed professionals.

**Consent, Agreed and Acknowledged:**

*Client (or Personal Representative)* \_\_\_\_\_ *Date/Time* \_\_\_\_\_

I have discussed the information stated above with the Client(or the Clients personal representative) and answered any questions. After receiving the information, the Client(or the client's personal representative) consented to the Client receiving the elective energy medicine treatment.

*Signature* \_\_\_\_\_ *Date/Time* \_\_\_\_\_