

# INFORMED CONSENT

## OMNI Pathfinder Healing ♦ Cara Gallucci, CBS, RMP

### 1) Cara Gallucci is a Certified Health Professional

I understand that Cara Gallucci is a Certified Biofeedback Specialist (CBS) who uses biofeedback to help me relax, manage my stress and pain, and balance my energies.

I also understand that Cara is a trained Reiki Master Practitioner (RMP) who can assist me to work with my own natural life energy to experience a greater sense of well-being.

I further understand that Cara may teach me meditation and self-hypnosis skills to help me relax, improve the quality of my life, and become more in tune with my Higher Self and with my own inner guidance. I understand that she may coach me to develop greater self-confidence, create healthier habits, and reach the goals I set for myself.

I understand that the state of Massachusetts issues licenses to health and wellness professionals authorizing them to analyze, assess, diagnose, evaluate, examine and investigate their patients to determine what may be wrong with them. This license also authorizes them to advise, caution, counsel, guide, prescribe, recommend and suggest cures, drugs, interventions, remedies and treatments to address relevant issues. I understand that Cara Gallucci will refer me to a properly licensed professional if I need—or if I feel I need—a specialist to diagnose, treat, counsel or cure me of anything.

### 2) Healing Philosophy: Each of Us is Responsible for Our Own Health

Natural healthcare is based on the awareness that, when given the support it needs, our innate intelligence knows how to heal us. Based on this philosophy, I recognize that I have the ability to encourage my own healing by learning to relax, reduce stress, and attend to the promptings of my inner self. I understand that supportive natural healing is not a substitute for adequate medical care, and I intend to remain under the care of my primary healthcare provider or to seek out a licensed practitioner as needed.

I understand that my health is my responsibility. I therefore choose and agree to have Cara Gallucci provide me with services to help me learn how to relax more deeply, manage my stress and pain, reach the goals I set for myself, and connect more fully with my inner self and the Divine, according to my own understanding and beliefs. I also choose and agree to have Cara educate me about factors that can help me make my own decisions concerning my health and wellness.

I understand it is my responsibility to advise Cara of anything that might help us work together more effectively to achieve my goals.

### 3) Distance Healing

I understand that I may also choose to use Cara's services at a distance to enhance my ability to heal myself. Distance sessions (facilitated via phone or computer) are scheduled in a similar way to in-person sessions and handled with the same professionalism. I hereby request and consent to the technique of distant energy healing within the scope of Cara Gallucci's healing techniques.

### 4) Confidentiality

I understand that Cara Gallucci will keep all information she learns about me strictly confidential, including the fact that I have chosen to be a client, except as the law requires disclosure. I also understand that if I wish Cara Gallucci to confer with another practitioner, health professional, or anyone else, I must give written permission beforehand. If I have a diagnosis and treatment plan from a licensed practitioner, I am welcome to share this information with Cara so she may offer suitable support and stress management for my situation. I have the right to waive this confidentiality agreement in whole or part at any time.

### 5) Contraindications

I understand that if Cara uses any equipment or methods that may be contraindicated for any reason, I will be given a list of those contraindications in writing before I agree to accepting that method or use of that equipment.

### 6) Referrals

I understand that if I have—or think I have—a medical concern, condition, disease, disorder, issue, or symptom, Cara Gallucci will help me reduce any related stress and refer me to a licensed chiropractic, medical or osteopathic physician for further assistance.

I also understand that if I have—or think I have—a psychological or emotional concern, condition, disease, disorder, issue, or symptom, Cara will help me reduce any related stress and refer me to a licensed counselor, psychologist, or psychiatrist for further assistance.

# SIGNATURE PAGE

(Copy 1 – For Cara Gallucci’s Files)

## Acceptance of Services

I acknowledge that I have read and understood the Informed Consent form. I agree to allow Cara Gallucci to work with me (or my child or pet) using the natural healing techniques and modalities described in this form. I understand that, by signing below, I am giving Cara permission to help me (or my child or pet) reduce stress and pain and to educate and coach me about ways I can experience greater relaxation in order to reach my personal and healing goals.

Name of Client \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Client or Guardian*

Print Name if different from Client \_\_\_\_\_

Relationship to Client \_\_\_\_\_

# SIGNATURE PAGE

(Copy 2 – For Your Files)

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Name of Client \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Client or Guardian*

Print Your Name if different from Client \_\_\_\_\_

Relationship to Client \_\_\_\_\_

# NATURAL MODALITIES FACT SHEET

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*Please be aware of the following helpful facts about a few contraindications and what to expect.*

## **Biofeedback**

***This service is not suitable for pregnant women or people with pacemakers.***

- Biofeedback works on one individual at a time, and a pregnant woman represents two indistinguishable individuals. Sessions for both mother and baby are available following delivery.
- With pacemakers, there is a small chance that the electrical fields generated by a biofeedback device may interfere with the device.
- Be sure to tell your practitioner if either of these conditions applies to you, and she will consider other services.

## **Touch**

The methods Cara Gallucci uses may involve gentle touch. Reiki involves the gentle laying on of hands; biofeedback normally involves straps for an in-person session; hypnosis may include a light tap or touch as a signal. With all modalities, you may be touched as a blanket or pillow is arranged for additional comfort. It is your responsibility to let Cara know if you prefer not to be touched so that she can adapt her methods, either avoiding specific ways you do not want to be touched or avoiding touch altogether by using non-touch variations. Cara respects each individual's personal boundaries. At the same time, it is your responsibility to communicate clearly about your boundaries.

## **Reiki Energy Work**

While most people feel wonderful following a Reiki session, occasionally, some people experience an intensification of symptoms after they receive the Reiki energy. This is a normal and beneficial response that shows they have absorbed the energy on a very deep level, a phenomenon known as a "healing reaction." (This intensification of symptoms can happen with many forms of natural healing, not just Reiki.). If this happens with you, please understand that it is your responsibility to let Cara know, and she will either arrange for you to come in person for another Reiki session or will send you a long-distance session to allow you to continue to heal more comfortably. A reaction indicates that something is trying to release in a powerful way. Receiving more energy at this point helps the releasing process to proceed more smoothly.

## **Hypnosis and Meditation**

Some techniques of meditation and hypnosis are not advisable for people with a history of schizophrenia or psychosis.

Meditation and hypnosis may not be suitable for people suffering from untreated bipolar disorder. A person who is under treatment by a licensed health professional and whose disorder is well controlled may be a suitable candidate to learn these techniques. If there is any question, Cara Gallucci will be glad to consult with your supervising health professional, after receiving your written permission to do so.

### **Light and Sound Machine**

***If you have epilepsy, this device is not recommended.***

From time to time, the Light and Sound machine is used to entrain brain waves, thereby allowing clients to relax more deeply and adding variety to the relaxation methods used. Because it helps people to relax by generating rhythmically flashing lights and a pulsing beat of sound, this device may occasionally trigger seizures in people with light-sensitive epilepsy. Many people are able to achieve an equally deep state of relaxation without this machine.

In addition, ***people who have migraine headaches generally prefer not to use this particular device***, although there are no harmful effects.

Be sure to let the practitioner know if either of these conditions applies to you.

## **SIGNATURE**

**Copy 1 – for your files**

I have read and understand the above information about various modalities Cara Gallucci offers. I agree it is my responsibility to let her know if I have had, have now, or come to have during our work together, any of the following health conditions so we can choose the most appropriate methods for our work together:

- Pregnancy
- Pacemaker
- Epilepsy
- Migraine
- Schizophrenia
- Psychosis
- Bipolar Disorder

Name of Client \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*Client or Guardian*

Print Your Name if different from Client \_\_\_\_\_

Relationship to Client \_\_\_\_\_

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