

Agreement for Services

The services offered by HLNGSTRIPES (M. Aranda) are for biofeedback and bioenergetic stress reduction. Western allopathic medicine is based on biochemistry. Bioenergetics is based on biophysics, which is an entirely separate discipline concerned with the correction of energy fields and balancing the bio-electrical frequencies of the human system.

HLNGSTRIPES (M. Aranda) technologies and personnel do not diagnose, treat, prescribe or claim to cure any disease or condition. Clients are advised to consult with their own medical practitioners and medical professionals for the diagnosis, care and treatment of any health condition.

I agree to the bioenergetic services provided by HLNGSTRIPES (M. Aranda) practitioners. I understand that the results and the process of self-healing are not bound by particular time periods and vary by individual. Although uncommon, I understand that I could experience discomfort during my healing processes.

I understand my identity and any information about me will be held in the strictest confidence. I also understand that my client records will only be released with my written permission or if specifically required by law. I further indemnify and hold harmless HLNGSTRIPES (M. Aranda) including owners, employees, affiliates and successors from any and all results from stress management services and modalities I receive including biofeedback or any other energy based modality.

I understand that payment for services is expected at the time of or prior to my appointment and that there is no refund policy after receiving services or pre-paying for sessions. I agree that cancellation of any appointment requires a 24-hour notice, except in an emergency, and that I am responsible for keeping my appointments.

I am of legal age or have the agreement of my parent/legal guardian to seek the services of HLNGSTRIPES (M. Aranda). I am of sound mind and able to make decisions about my own health. By signing below, I acknowledge that:

1. I have read and agree to the foregoing;
2. The services set forth above have been adequately explained to me.
3. I understand that this is not a medical procedure or treatment.
4. I consent to the service of the foregoing stress reduction modalities.

Client Name

Client Signature

Date

Parent / Guardian Name

Parent / Guardian Signature

Date

