Emotion Code Session Intake/Release Waiver/Informed Consent/Privacy Form
Pathbreaker LLC, Courtney Churry LMT, BCTMB, CECP

Please print
Name:
Age:
Address:
City, State, Zip:
Phone:
Email:
Emergency Contact:

I understand Emotion Code is a process of finding the trapped emotions in the body due to a disruption in the normal processing of emotional energy during times of overwhelm. The practitioner will discover, decode and remove trapped emotions from the body through the use of magnets (if able).

I understand Emotion Code sessions are NOT mental or behavioral therapy, nor do they replace the need to continue or pursue professional counseling or medical diagnosis.

I understand the practitioner does not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. Emotion Code does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Emotion Code can complement any medical or psychological care I may be receiving. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of assistance needed by the body to heal itself.

I will tell my practitioner if I have a medical device or (have or develop) a condition where magnets should not be used. I will hold the practitioner, Pathbreaker LLC, heirs and associates harmless for any adverse effects of magnets if I fail to make this information known.

I understand my health and well-being are my own personal responsibility. I assume all risks, negative reactions/emotions and processing time experiences. I waive any right to hold the practitioner, Pathbreaker LLC, heirs and associates liable for harm or perceived harm from services. I will indemnify my practitioner if there is any harm or perceived harm to a 3rd party as a result of Emotion Code sessions.

Intuitive messaging or suggestions:
I understand intuitive messages are optional to receive, open to interpretation and change. Any intuitive information or messages are strictly suggestions and do not intend or take the place of professional diagnosis, mental, behavioral healthcare, or medical care by a licensed physician. I waive any right to hold the practitioner, Pathbreaker LLC, heirs or associates liable for any discrepancy, change or adverse implementation from any information received during intuitive sharing. I acknowledge I have the right to not include these in my session.

Privacy Notice:
Emotion Code sessions are confidential. No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian (if the client is under 18), except under court ordered subpoena or perceived imminent danger to self or others. I accept all risks and breach of privacy should I choose to have notes communicated via text or email. I acknowledge I have been given the option to have a copy of these notices.

Signed _____ Date_____