

# *Earth Caretakers*



## **New Client Form and Disclosure**

The following disclosure is intended to fulfill the requirements of The California Health Freedom Act (SB577), signed into law September 2002, affecting all non-licensed helping professionals offering alternative health care.

1. An energy healer, shamanic practitioner, luminous healing practitioner, and/or facilitator is not a licensed physician. She is not qualified to diagnose, treat, or prescribe for physical or mental conditions.
2. The use of energy medicine, shamanic healing, luminous healing, and consultation are alternative and complimentary to healing arts services licensed by the State of California.
3. The services offered are not licensed by the State of California. Meg Beeler has a BA from UC Berkeley and an MA in Teaching from Antioch University. She draws on her skills and extensive training in Andean energetic healing, shamanism, sound healing, Reiki, meditation, parenting, Munay-Ki, ceremony, and healing with spiritual light in her work with clients.
4. The services offered include energy healing, shamanic healing, light healing, consultation, and facilitation; they may include removal of energy that does not belong, clearing imbalances, shifting energetic vibration and light, returning energy that does belong, working with trauma and life issues, exploring personal growth, self-healing, and ceremony. None of these services is intended to be a substitute for medical or psychological care. Any issue beyond the scope of the practitioner will be referred to a licensed practitioner.
5. It is the goal of the practitioner to provide clients and students with a safe, supportive, and non-judgmental environment where they can release "heavy" energy, bring in "light" energy, restore vitality, gain clarity and insight, transform patterns, and return to balance. The practitioner acts as a facilitator for client healing and connection with the essential self. All services and modalities are based on an empowerment model, in which clients do their own work and healing with the guidance of the practitioner. All records and transactions are confidential.

\_\_\_\_\_ I have read and understand the disclosure

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_