

SOUND MEDICINE, LLC
Elizabeth W. Krasnoff, MA, MIM
Energy & Sound Healing Practitioner
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Client Agreement and Disclosure Statement

Thank you for your interest in working with me as a client. I am providing you with the following information so you can make an informed choice about your decision to engage my services. Please read this information carefully and let me know if there is any part you do not understand.

Services Offered – Theoretical Approach

I offer my services as an alternative healing arts practitioner under California's Health Care Freedom Act. I work with clients in a number of areas, including, overall health, life issues, stress management, recovery from illness and injuries, and energy and spiritual wellness. My focus with a client is to work with the whole person, using a variety of complementary and alternative medicine (CAM) approaches designed to assist the client in achieving balance and relaxation in order to support the body's natural ability to heal. The CAM approach I use primarily in my practice is called **Bio Sound Therapy** and I also incorporate **HeartMath®**, **Chakra Balancing**, **Intuition Medicine®**, and **intuitive wellness** and **past life readings**, all of which are based on the newly emerging field of energy medicine (collectively the "Energy Methods").

The Energy Methods are designed to assess where the body's energies are blocked or not in harmony and then correct and balance the flow of these energies thereby aligning the body's energies to boost health and vitality. The prevailing premise of the Energy Methods is that the flow and balance of the body's electromagnetic and more subtle energies are important for physical, spiritual, and emotional health, and for fostering well-being. If you ever have questions or concerns about the nature of the theories and methods I use, please feel free to ask me for further resources or references.

Although the Energy Methods appear to have promising emotional, spiritual, and physical health benefits, they have yet to be fully researched by the Western academic, medical, and psychological communities. Therefore, the Energy Methods are considered experimental and the extent of their effectiveness, as well as their risks and benefits are not fully known. The Energy Methods are self-regulated and the State of California does not license any practitioners of the Energy Methods and considers them to be *alternative or complementary* to the healing arts that are licensed by the State of California.

Bio Sound Therapy System

This approach integrates biofeedback, sound frequency healing, music therapy, and guided imagery. The system consists of a vibrational platform constructed with memory foam and integrated with an audio/visual delivery system. The system utilizes precisely choreographed

music that is synchronized with low frequency sine tones and binaural beats. Both the audio and video systems contain guided imagery sessions with positive affirmations and messaging.

Chakra Balancing

The chakras are centers in the human energy field which distribute the energy which supports the functioning of the body, mind, and emotions. If there is too much or too little energy flowing through a particular chakra, this can have a negative impact on the functions associated with that chakra. When our chakras are balanced, maximum vitality and health can be experienced and physical or emotional trauma can be released.

Intuition Medicine

Intuition Medicine is defined as a system of expanded perception of the world gained through the development of the human sense of intuition. This system focuses on ways to increase personal health and to make positive changes. As an Intuition Medicine practitioner I connect *spirit-to-spirit* with a client to assist the client in addressing imbalances within the client's energy system, as well as exploring the energetic influence of thoughts, beliefs, and emotions and how they impact the client.

What to expect in a Bio Sound Therapy Session

In a Bio Sound Therapy session, you first complete the Symptom Intensity Scale Form and then relax in the Bio Sound Therapy specially designed chair that resembles a reclined airline seat. I will ask permission to "read" your energy as you get comfortable in the chair. You will be covered in a blanket and provided headphones and black out sunglasses since your session is conducted in total sensory deprivation. I will use Intuition Medicine processes and my intuitive reading skills to determine which chakras or energy centers to focus on. After the session I will encourage you to ask questions and I will provide feedback to you regarding the information received during the session.

Nature of the Relationship

By signing this document you understand I am offering my services solely as an Energy & Sound Healing Practitioner. ***I'm not a psychologist, psychotherapist, physician, or other licensed health care provider nor are my services licensed by the State of California.*** Under Sections 2053.5 and 2053.6 of California's Business and Professions Code, I can offer you my services, subject to the requirements and restrictions that are described fully therein.

Other Important Information

Although *Sound Medicine* and *Intuition Medicine* use the term *medicine* and *Bio Sound Therapy* uses the term *therapy*, it does not imply that as a practitioner of these Energy Methods I am practicing medicine or psychology. The Energy Methods do not "diagnose" or "treat" medical or mental health disorders. You understand there is a distinction between "healing" using the Energy Methods and the practice of medicine, psychology, or any other licensed health care practice. As an alternative healing arts practitioner, I'm connecting spirit-to-spirit with the client and to the energy or subtle "bodies" of the client that makes it possible to manifest a change or transformation which then may be experienced directly by the client.

You understand the Energy Methods are not intended to be a substitute for medical or psychological treatment and they do not replace the services of health care professionals. You agree to consult with your health care provider for any specific health care problems. In addition, you understand that any information shared during our sessions is **not** to be considered a recommendation that you stop seeing any of your health care professionals or using prescribed medication, if any, without consulting with your health care professional, even if after a session it appears and indicates that such medication or treatment is unnecessary.

Outcome Expectations/Risks and Benefits

While clients report positive outcomes in using my services and the Bio Sound Therapy system, please note that it's not possible to guarantee any specific results regarding your goals and we don't know how you will personally respond to using Bio Sound Therapy system and the Energy Methods. However, we will work together to achieve the best possible results for you. Participation in sessions can result in a number of benefits to you, including improved health and well-being and resolution of the specific concerns that led you to seek consultation. While the Energy Methods are considered gentle and non-invasive, it's possible in our sessions together or on your own between sessions, to experience some physical discomfort or emotional distress that can be perceived as negative. You agree to promptly inform me if you experience any emotional distress and/or physical discomfort during our work together, particularly between our sessions. If appropriate, I can help refer you to an appropriate professional health care provider for further assistance.

Contraindications

The developer of the Bio Sound Therapy system recommends that clients not use the system if he/she has the following conditions: pregnancy, Thrombosis (blood clot), recent head trauma, pacemaker or defibrillator, seizure disorders. By signing this document, you represent and warrant you do not have these conditions.

Education and Training

Bachelor of Arts in English from Boston College

Masters Degree in Depth Psychology and Mythology from Pacifica Graduate Institute, Carpinteria, CA

MIM, Master Certificate in Intuition Medicine®, Academy of Intuition Medicine, Sausalito, CA

Bio Sound Therapy™ practitioner

Sound Healing Therapy Certificate from Globe Institute

HeartMath® Certification

ACKNOWLEDGMENT & CONSENT TO RECEIVE SERVICES

By signing this document you agree that I have disclosed to you sufficient information to enable you to decide to undergo or forgo the services I offer. You have considered all of the above information and have obtained whatever information or professional advice you deem necessary to make an informed decision. You understand I am offering my services solely as an Energy & Sound Healing Practitioner and our relationship is not to be construed as medical treatment, psychotherapy, psychological counseling, or any type of therapy, nor is it a substitute for these

services. I have disclosed to you I'm not a licensed health care provider and my services are not licensed by the State of California

You understand the Bio Sound Therapy system and the Energy Methods are relatively new healing approaches and the extent of their effectiveness, as well as their risks and benefits are not fully known and you agree to assume and accept full responsibility for any and all risks associated with using the Bio Sound Therapy system and the Energy Methods. Further, you agree and understand that this Client Agreement & Disclosure Statement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law.

You understand your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. You represent that you are competent and able to understand the nature and consequences of the proposed sessions and agree to be personally responsible for the fees related thereto. You acknowledge that we have discussed and you understand, and agree to and have received a copy of my **Important Information & Office Policies**, which is attached hereto and incorporated herein by reference.

By signing in the space provided below, you knowingly, voluntarily, and intelligently assume these risks and agree to irrevocably release, indemnify, hold harmless and defend Sound Medicine, LLC its owners, members, principals, employees, staff members, agents, representatives, consultants and others associated with Sound Medicine, LLC from and against any and all claims or liability, of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury, including without limitation, physical, emotional, mental, financial, or personal, arising out of or in connection with your sessions.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this Client Agreement & Disclosure Statement. I will keep an original in my records for at least three (3) years.

Client Signature

Date

Print Name

SOUND MEDICINE, LLC
Elizabeth W. Krasnoff, MA, MIM
Energy & Sound Healing Practitioner
Email: Elizabeth@sound-medicine.com Phone: (310) 486 - 0091

IMPORTANT INFORMATION AND OFFICE POLICIES

Attachment to CLIENT AGREEMENT & DISCLOSURE STATEMENT

Confidentiality

With the exception of special situations described below, I will keep our work together confidential. I cannot and will not tell anyone else what you have told me, or even that you are using my services without your prior written permission. You may direct me to share information with whomever you choose and you can revoke that permission at any time.

Although I am not a licensed professional health care provider, I choose to be in alignment with general ethical standards by adhering to the following legal exceptions to confidentiality:

1. If I believe the client is in imminent danger of hurting herself/himself
2. If I believe the client is threatening serious bodily harm to another
3. If I believe that a child, elderly or disabled person is being abused
4. If I am presented with a legitimate court order to present testimony in a legal proceeding
5. If a client fails to pay for services requiring action to collect fees due

Sessions

All sessions are 50 or 25 minutes in length unless prior arrangements have been made.

Professional Fees

\$150/full session

\$65/half session

Payment

Sessions may be paid for by personal check or cash. I do not bill through insurance so my work is on a fee for service basis. Payment is expected prior to the appointment, unless previous arrangements have been made. Please notify me right away if a problem arises regarding your ability to make payments.

Cancellations

Scheduling of appointments involves the reservation of time specifically for you. Please allow a minimum of 24-hour advance notice for rescheduling or canceling an appointment. The full fee may be charged for missed appointments without such notification.