

Manuel Camarena, M.A.
Healer, & Ordained Minister
(562) 337-9644 • Phoenixtreela@gmail.com

New Client Informed Consent

I _____ understand and acknowledge that **no guarantees** have been made to me regarding the effect of energetic healing services. I also understand and acknowledge that these services are **not intended** to diagnose or to be a treatment for any disease/s. Furthermore, I am aware that my practitioner does not diagnose illnesses or diseases; nor do they prescribe medications. Additionally, I understand elixir's (spagyrics) that are supplied from the Modern Mystery School are energetically enhanced water. I am aware that I have the choice of using them at my own discretion.

I understand energetic healing is **not a substitute** for medical treatment, or medications. It is recommended that I also work with my primary care physician and or therapist for any medical conditions that I may have. Energetic healing is meant to aid with the reduction of stress through relaxation purposes.

I further understand that the State of California **does not require** energetic healing practitioners to be licensed or to hold any state certification. Manuel Camarena is a certified healers 1 & 2 graduate and initiate by The Modern Mystery School, Usui Reiki Master, and an ordained minister.

By signing below, I certify that I have read and accept the terms of the New Client Informed Consent policy.

_____ Client Name	_____ Client Signature	_____ Date
_____ Parent Name (If under 18 years of age)	_____ Parent Signature	_____ Date
_____ Practitioner Name	_____ Practitioner Signature	_____ Date



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Session Agreement

As a practitioner, they agree to support positive ideas and action pertaining to common life issues. Through the use of spiritual guidance, any decisions the client makes and the consequences thereof are their own. Client's **do not** have to use the information provided. Therefore, I _____ agree **not to hold** Manuel Camarena and Phoenix Tree Evolution liable for any loss or cost incurred by myself, or adverse actions created as a direct or indirect result of spiritual guidance/referrals given.

Per this session agreement, I _____ understand that at any point in time, either myself or the practitioner can terminate services. If **services are discontinued**, payments paid in advance that are made for either the current healing package or sessions, will be forfeited and considered payment-in-full. Additionally, all services rendered by the practitioner are on a **non-refundable basis**.

Furthermore, I understand all appointments scheduled must be **cancelled** or rescheduled with **24-hour notice** to avoid being charged for the session. All **cancellations** that are not rescheduled within this timeframe are subject to a **fee** of 50% of the session cost regardless of the length of the session. **Cancellation fees** must be paid before another session is scheduled.

By signing below, I certify that I have read and accept the terms of the Session Agreement policy.

_____ Client Name	_____ Client Signature	_____ Date
_____ Parent Name (If under 18 years of age)	_____ Parent Signature	_____ Date
_____ Practitioner Name	_____ Practitioner Signature	_____ Date



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