

Durgayatanam Healing Arts

Caprina Brown: Brennan Integration Practitioner

Client Information and Consent for Healing and BIP sessions

I am pleased to meet you and to have the opportunity to work with you. Here is some basic information about the healing work in which I am certified, and what you may expect in our work together.

Among the various healing techniques I use are Brennan Integration Work® and Frequencies of Brilliance®. Both are healing through either personal process facilitation or by laying -on of hands and energy work, done with my hands on the body and also off the body through the Human Energy Field which surrounds the body. I do not medically diagnose or prescribe treatment. If you have a physical injury or disease, I ask that you also be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. I may also ask that you be in the care of a qualified psychotherapist. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine and psychotherapy. Please feel free to discuss our work with your physician, psychotherapist, or others on your care team.

My training in the healing arts includes completion of the four year professional studies program in Brennan Healing Science at the Barbara Brennan School of Healing, as well as Advanced Studies Brennan Integration Work in Personal Process Facilitation there. I am also certified to practice advanced levels of Christine Day's work Frequencies of Brilliance, and have certification in hypnosis, progressive relaxation, guided imagery, and regression through the Institute of Thought and IAART. I am a life-long student and practitioner of eastern philosophy and have studied Sanskrit and Mantra yoga in the traditional guru-kulam over 20 years. I welcome and respect all belief systems. All are welcome in my practice.

It is my experience that Brennan Integration work of personal process facilitation, hands-on healing and remote "touch-less" healing techniques balance, clear, charge, and restructure your energy system, remove energetic blocks that may lead to dis-ease, and enhance the body's natural healing capability. Self-awareness and self-love increase, and insights emerge from within.. Many of my clients experience increased well-being and improvement in their condition, however, I cannot promise you these things. Sessions are remote or in person.

Self-care is an extremely important part of the healing process. Your healing is your responsibility. If at any time during the session you are uncomfortable, it is your responsibility to inform me immediately. I suggest you refrain from drinking alcoholic beverages for 24 hours after a healing.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind, and spirit. Therefore, personal process work is part of our work together. I am here as your committed listener, your mirror, your partner in the process. In the course of our work together we may explore areas that influence your state of well-being, such as your health history, life stressors, belief systems, your energy system and chakras, family and childhood history, and relationships. Everything you share is always kept confidential. I do, however, discuss clients, without mentioning their names, with my professional supervisor or peers for the purpose of continuing professional development and so that clients may receive the best assistance available. Please let me know if you have any concerns about this.

My rate is currently \$115 per 60 minute session, \$160 for a 90 minute session. Credit cards, Paypal, and checks are accepted. If you cancel an appointment, please give me as much notice as possible. If you cancel within 24 hours of a scheduled appointment time, I do ask for full payment. On-going, regular clients will be given 30 days notice of any increase in my fee.

The State of Minnesota has not adopted any education and training standards for unlicensed complimentary and alternative health care practitioners. The state does require that I provide you with the following information:

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend a discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

Any service complaints may be filed with the Minnesota Department of Health PO Box 6475, St. Paul Minnesota 55164-0975. Phone: 651-282-5923. Fax: 651-282-5628.

- You have a right to complete and current information concerning the assessment and recommended service that is provided. You determine the duration of the service.
- You may expect courteous and respectful treatment.
- Any client records, conversations, and transactions are confidential, unless release of your records is authorized in writing by you or otherwise provided by law.
- You have a right to be allowed access to records and written information from records in accordance with section 144.335.
- Other services are available in the community and you have the right to choose freely among them. You have the right to coordinate transfer to other providers and you may assert your rights without retaliation.

With your signature, you indicate that you have read and understood this two page document and you agree that I may work with you in the above described manner. Please feel free to ask any questions you might have. I look forward to working with you!

Warm regards,
Caprina Brown

I have read and understood this two page document and freely elect to work with Caprina Brown in the above described manner. I freely give my consent with my signature below, and release her from any liability.

Date _____ Name _____ Signature _____