# Oro Holistic Health - Linda D. Miller

## WHAT IS ENERGY MEDICINE?

Energy Medicine is an approach that involves balancing and restoring your body's natural energies for the purposes of increasing your vitality, strengthening your mental capacities, and optimizing your health. The form I use was developed by Donna Eden and is described in her book, *Energy Medicine*.

## ENERGY MEDICINE IS NOT THE PRACTICE OF MEDICINE

Energy Medicine is a term used by many training programs that teach people how to assess and correct for energy imbalances in the body. Energy Medicine is not a substitute for the diagnosis and/or treatment of medical or mental health conditions by a licensed health care professional. If you have a disorder that has been diagnosed by a licensed medical or mental health professional or a condition that should be evaluated by a licensed health professional, my services should be used only in conjunction with your obtaining that care. I do not diagnose or treat medical or mental health disorders, nor am I trained or licensed to do so. Energy Medicine attempts to optimize the body's overall health and vitality, but it is not to be used instead of appropriate care from a licensed professional. Although Energy Medicine uses the term "medicine," it does not imply that Energy Medicine practitioners are practicing medicine.

### **OUR WORK TOGETHER**

Our meetings will be for the purpose of giving me an opportunity to practice basic Energy Medicine procedures. The procedures are designed to enhance and balance the flow of the body's natural energies. They are not for the purpose of assessing or correcting health conditions or challenges. You can expect me to approach my work with you in a professional manner, to honor scheduled appointment times, and to treat information I learn about you as confidential.\*

Energy Medicine techniques bring disturbed energies back to a state of balance and harmony. These corrections will generally consist of various forms of light or deeper touch and of movement of my hands within your body's energy field. If you are uncomfortable with being touched or with any of the procedures being used, please tell me immediately and I will instantly stop.

While the methods I will be using are gentle and considered non-invasive, it is possible that physical or emotional after-effects may occur after your energies have been stimulated and adjusted. In some instances, deeper pressure is used to move energies that may be blocked or congested in a particular area of the body, and this may cause some pain or discomfort. Dizziness, nausea, or anxieties are relatively unusual but not unheard of side effects to energy work. If any procedure is uncomfortable or leads to discomfort, please tell me at once. I will instantly stop if you request me to do so and can often provide a technique to counter the discomfort.

## OTHER ASPECTS OF OUR RELATIONSHIP

**Questions.** Please ask me questions about anything that happens in our work together. I'm always willing to discuss how and why I'm doing what I'm doing.

**Touch.** Physical contact, even in a healing relationship, can be a sensitive matter because touch can be easily misinterpreted and feel too intimate, uncomfortable, or sexual in nature. Touching in a sexual manner is unethical within a professional healing relationship and will never be a part of our work together. Many of the methods I will use, however, are likely to involve touch. The theory behind such methods is that touching or holding points can assist you and me in identifying and shifting imbalances in your energies. At such times, you would remain fully clothed, with perhaps the exception of your shoes and socks. I would always explain ahead of time where I would touch, and you can let me know if you are comfortable with it or not. I will always honor any requests not to touch.

**Complaints.** If you are unhappy with our work together, I hope you will talk about it with me so that I can respond to your concerns directly. I will take such concerns seriously and respond to them with care and respect.

Your signature below indicates that you have read the information in this document, understand it fully, and have discussed any questions or matters of concern with me.

| Print Name |          |
|------------|----------|
|            |          |
| Signature  | <br>Date |