



Consent & Policies

INFORMED CONSENT AND SIGNED PRACTICE POLICIES

Please read with care

I understand that Reiki at Satori Healing is a gentle, noninvasive complementary wellness practice offered by Bailey Bruce. A session may involve light touch or hands hovering above the body according to my stated preference. I remain fully clothed and may ask for any adjustment at any time.

NATURE AND SCOPE OF REIKI

I understand that Reiki is intended to support relaxation, personal reflection, and a sense of wellbeing. Individual experiences vary, and no particular outcome is promised or guaranteed.

I understand that Reiki is not medical care, psychotherapy, massage therapy, diagnosis, or treatment. Bailey Bruce does not prescribe medication or advise me to discontinue care. I remain responsible for seeking appropriate care from licensed medical or mental health professionals.

I understand that I may notice sensations or emotions during or after a session. I may also notice no particular sensation. I agree to communicate any discomfort or concern.

CHOICE, TOUCH, AND ENVIRONMENT

My participation is voluntary. I may decline touch, request a hands-off session, change my preference, pause, or end the session at any time.

If I select aromatherapy, I will disclose known allergies or sensitivities. I may ask for oils or the diffuser to be removed at any time.

For home-studio appointments, I understand that cats and dogs live in the home. They will be secured away during the appointment, but the studio is not allergen-free. For mobile appointments, I am responsible for providing a reasonably safe and accessible space.

PRIVACY AND COMMUNICATION

Information I share will be treated with care and used to support my session and business records. I understand that communications and records may be retained through the scheduling and form systems used by Satori Healing, subject to their privacy and security practices and applicable law.

CLIENT FULL NAME

DATE OF BIRTH



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Acknowledgment and agreement

Please initial each statement to confirm that you have read and understood it.

INITIALS

I understand the nature and scope of Reiki described on page one.

INITIALS

I understand that participation is voluntary and that I control touch and may stop at any time.

INITIALS

I understand that Reiki is complementary wellness care and is not a substitute for licensed medical or mental health care.

INITIALS

I have shared information that I believe is relevant to my safety and comfort, including allergies and accessibility needs.

INITIALS

I understand that the signed cancellation and refund policy is included on page three.

INITIALS

I confirm that I am 18 years of age or older.

SESSION PREFERENCES

☐ I consent to light touch

☐ I prefer hands-off Reiki

☐ Please ask before touch

☐ I consent to optional aromatherapy when selected

☐ I prefer no aromatherapy

CONSENT

By signing below, I confirm that I have read this form, had the opportunity to ask questions, and voluntarily consent to receive Reiki services from Bailey Bruce at Satori Healing.

CLIENT SIGNATURE

DATE

PRINTED NAME



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Cancellation and refund policy

Your appointment time is reserved especially for you. This policy protects that time while leaving room for advance changes when life happens.

BOOKING DEPOSIT

INITIALS

A deposit equal to 50% of the selected service total is due when the appointment is booked.

INITIALS

For mobile appointments, the full applicable travel fee is also due at booking.

INITIALS

The remaining service balance is due at the appointment. Accepted payment methods are those listed during booking or on the Satori Healing website.

CHANGES WITH AT LEAST 24 HOURS NOTICE

INITIALS

When I cancel or request to reschedule at least 24 hours before the appointment start time, my service deposit and any mobile travel fee may be refunded or transferred to a new appointment.

LATE CANCELLATIONS AND NO-SHOWS

INITIALS

If I cancel or request to reschedule less than 24 hours before the appointment start time, my service deposit and any mobile travel fee are forfeited and are not refundable.

INITIALS

If I do not attend my appointment and do not provide notice, my service deposit and any mobile travel fee are forfeited and are not refundable.

INITIALS

A new deposit and any applicable travel fee will be required before another appointment can be reserved.

AGREEMENT

By signing below, I confirm that I have read, understand, and agree to Satori Healing's cancellation and refund policy.

CLIENT SIGNATURE

DATE