

Jody Weatherstone  
Soma Voce LLC  
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## Soma Voce Breathwork Informed Consent Form

Jody Weatherstone of Soma Voce LLC is an Energy Medicine Professional, specializing in voice and breathwork. Energy Medicine is a gentle, complementary, energy-based approach to health and healing that can assist in bringing the body to its natural ability to heal. I do not diagnose or treat disease and I am not a physician. These sessions are not a substitute for diagnosis or treatment from a qualified health practitioner for illnesses, injuries, or other medical conditions. My services are not licensed by the state of NY and my practice is guided by the attached Code of Ethics and Standards of Care.

I \_\_\_\_\_ have received information and understand that Breathwork is a complementary energy-based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of deep breathing, vocalizing and contact and/or non-contact touch.

It has been explained to me that Breathwork is a complementary modality not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I may be advised to seek by them.

I have been informed of my practitioner's education and certifications. I am aware that they will not diagnose any medical condition nor prescribe for any condition that I might have. They do not make any specific claims regarding results from the Breathwork sessions that I receive.

I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by state or federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Jody Weatherstone and Soma Voce LLC from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding my Breathwork facilitator's background, the method(s) they use, and what I might expect from this session.

Payment is due in full at time of service. Cash, check, and credit and debit cards are all accepted.

I give my consent to receive Breathwork session(s) from JODY WEATHERSTONE.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_