



YOU • R • YOUR STORY

## You R Your Story

*Change your story; change your life*

### Client Informed Consent & Disclosure Statement

Welcome to You R Your Story. This document is both informational and a binding contract between you, the client, and me, Rosemarie Howard, the Life Story Energy Coach. Please take time to read it before our first session. If you have any questions, please let me know via an email to [rhoward@you-r-yourstory.com](mailto:rhoward@you-r-yourstory.com).

#### **Introduction and Background**

I am a certified Emotion Code, Body Code and Belief Code practitioner. These tools were developed by Dr. Bradley Nelson, DC, (ret) to assist in identifying and releasing imbalances and energetic baggage. The Emotion Code is the first level of certification and helps to identify and release trapped emotions and heart walls; the Body Code is the second level of certification, and helps to identify imbalances and energetic distress in 6 different areas: energy, circuitry, pathogens, structure, toxicity, and nutrition; and finally, the Belief Code is designed to help identify and release faulty logic created at the subconscious level. More information about this modality is available at <https://www.discoverhealing.com>

I am also a certified Level 2 Emotional Freedom Techniques (EFT) practitioner, and received my certificate from Deborah Lindsay's Center for EFT Studies. EFT is the process of identifying stressful energy blockages created by difficult events and tapping on a sequence of acupuncture points while talking about the difficult emotion(s) or situation. It has been shown in many case studies to be an effective way to assist in reducing effects of deep distress. It has been used with veterans, with people affected by war, as well as reducing the emotional baggage associate with stressful life events and situations. More information about this modality is available online at [eftcertification.com](http://eftcertification.com) or [eftuniverse.com](http://eftuniverse.com)

I have also taken workshops from Karol Truman, Melvin C. Fish, Donna Eden, and continue to learn through a variety of classes on energy healing methods. I also have a Family Herbalist certificate from Dr. Christopher's School of Natural Healing.

I use applied kinesiology (muscle testing) to ask the subconscious mind yes or no questions to discover what energetic imbalances need to be released.

For the past 16 years I have successfully used these modalities to assist clients in identifying and releasing energetic imbalances and blockages.

## Agreement

1. I understand that You R Your Story, is an energy life coaching business owned by Rosemarie Howard, in which she facilitates coaching sessions for those seeking relief from a variety of energetic imbalances that may be at the root of a variety of physical, emotional or mental distresses. These issues may potentially be resolved by releasing underlying energetic imbalances in the areas of energy, circuitry, pathogens, structure, toxicity, and nutrition, using tools provided by Discover Healing: Emotion Code, Body Code, and Belief Code – developed by Dr. Bradley Nelson, DC, (ret), as well as EFT (Emotional Freedom Techniques). These methods of energy healing have been shown to promote harmony and balance within, relieving stress and supporting the body's natural ability to heal. Energy healing methods such as these are widely recognized as a valuable and effective complement to conventional medical care.
2. I understand that releasing trapped emotions, or the correction of any other energetic imbalance using these methods **is not a substitute for medical care**. This information offered by my practitioner is **not intended as medical advice** and **should not be used for medical diagnosis or treatment**. Information received is **not intended to create any physician-patient relationship**, nor should it be considered a replacement for consultation with a healthcare provider, nor is it meant to replace any medical treatments as ordered by any physicians nor any other medical care you have been advised to seek by them. I further understand that these methods are **not a replacement for any professional psycho-therapeutic or counseling sessions** in the treatment of any mental health issues or disorders.
3. I understand that if my practitioner makes any suggestions regarding supplementation of any kind, such as vitamins, minerals, herbal preparations, or any compounds or any other external remedy of any kind, that I use or ingest any such at my own risk, with the recommendation that I seek the advice of a physician before using any remedy suggested by my practitioner.
4. I understand that in approximately 20% of sessions, the release of trapped emotion(s) or other energy(s) may result in “processing,” where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort, and that this “processing” appears to be a normal part of regaining energetic balance.
5. I understand that **my practitioner makes no claims as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future**, and that no guarantee is made towards validity. I further understand that the use of any information I receive is at my own risk.
6. I understand that my practitioner does not practice medicine, chiropractic, naturopathy, homeopathy, psychology or physical therapy, nor is she a physician (M.D. or D.O.), nurse (R.N. or L.P.N.), nurse-practitioner, psychologist, chiropractor (D.C.), naturopath (D.N.M.), homeopath (M.D.H.) or licensed therapist. My practitioner is not licensed as a health care provider by any state and her work with you is not intended to be used to diagnose, treat, cure, or prevent any disease or psychological disorder.

7. I understand that **if I have health concerns, I am recommended to seek advice from an appropriate medical practitioner** before making any decisions about my health, and that this information is offered as a service and is not meant to replace any medical treatment.

8. I understand that these sessions are confidential, and that any personal information would be used anonymously for educational and research purposes only, subject to any exceptions governed by laws of the State of Utah, or of Federal laws and regulations, and that identifying personal information such as my last name and city will be deleted to maintain my privacy, unless required by law. Exceptions to maintaining client confidentiality might include: responding to a subpoena or court order; a reasonable suspicion of child abuse, elder abuse, or human trafficking; or a reasonable suspicion of imminent harm to self or others.

I understand that if, for any reason, I have questions or am not happy with the sessions or process that I should address these concerns with the practitioner, so questions can be answered, or issues resolved.

9. Under normal circumstances, as the practitioner, I acknowledge that you decide how long to continue as a You R Your Story client. There are three exceptions to this:

a) If the practitioner determines that, for any reason, the client/coach relationship does not seem like a good fit, the practitioner will refer you to someone else;

b) If you verbally or physically threaten or harass the practitioner, the practitioner reserves the right to terminate you as a client immediately and unilaterally;

c) If you or anyone in the session is suspected of being under the influence of a mood-altering substance, the practitioner reserves the right to refuse or terminate the session. The client will be responsible and charged for full payment of the normal fee for the session.

10. I understand that I, as the client, am personally responsible for the fees related to the services provided to me. Normal fees are to be paid in full upon scheduling an appointment online at <https://www.you-r-yourstory.com> via PayPal or credit card. The fee for multi-session program offerings may be paid in full at the time of scheduling, or on a per session basis.

Payments may also be accepted via check or cash at the beginning of the session, if prior arrangements have been made.

If any session requires more than the scheduled 45 minutes, you will be invoiced \$25.00 for each 15 minutes over the scheduled session time.

A 1-hour notice is required for scheduling a regular appointment. Barring true emergencies, such as an accident, sickness, or weather-related circumstances, 24-hour notice must be given to cancel or reschedule an appointment. No refunds are offered for cancellations or missed sessions, but the appointment may be rescheduled up to one time without further payment for the missed or cancelled session. In the event that the practitioner is ill or unable to keep an appointment, you will receive as much advance notice as possible, and the opportunity to reschedule.

11. I understand that You R Your Story is an independent business, and that Discover Healing, Dr. Bradley Nelson, the Program's faculty/staff are not held responsible for the practitioner's actions and/or

statements.

12. If any provision of this Agreement shall be declared void or unenforceable by any judicial or administrative authority, the validity of any other provision and of the entire Agreement shall not be affected thereby.

13. By signing in the space provided below, I knowingly, voluntarily, and intelligently assume any risks and agree to release, indemnify, hold harmless and defend your practitioner and her agents, consultants, family, and employees from and against any and all claims of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury arising out of or in connection with the services provided to you by Rosemarie Howard. I further release Rosemarie Howard, You R Your Story, a dba of Dramatic Dimensions, LLC, or any affiliates from any and all demands, claims, and causes of action, suits or liabilities whatsoever, of every name and nature, both in law or in equity.

14. I acknowledge by signing below my receipt and understanding of the information provided in this Client Informed Consent and Disclosure Statement. You R Your Story will keep an original copy stored for at least three (3) years.

Date: \_\_\_\_\_

Client Name (Please print or type): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Name of Practitioner: Rosemarie Howard Phone: 801-358-7615 (text) 801-491-0489 (phone calls)