



Holistic Health For All

Client Holistic Release Form

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1. I fully understand that the following methods are used and certifications were obtained by Deepika Avanti in: using the Biofeedback Time Waver machine via 3 certificates with the Phazyx Body Scan biofeedback machine and homeopathy. Psychic anatomy certification doing psychic surgery. Yuen Energetic Method graduate certificate. Reiki Advanced certificate. University of Naropa Transpersonal Psychotherapy MA in counseling, meditation, gestalt, art, and dance therapies. Deepika Avanti received her Licensed Professional Counselor Certificate from the State of Colorado. All of these methods evaluate communication, energy and stress flow. I fully understand that the services provided may not be generally accepted nor recommended by allopathic physicians or other health professionals. The TimeWaver is based on the information field that is not accepted by orthodox medicine nor proven by science.
2. I fully understand that Deepika Avanti, Holistic Health For All employees are not doctors and do not pretend to be. Deepika Avanti is not licensed, certified, or registered by the State as a Health Care Professional other than her Licensed Professional Counselor Colorado license. Deepika is a nonmedical homeopath.
3. I understand that these services do not diagnose, heal, prescribe, nor cure. I fully understand that this therapy work is not designed to replace, nor in no way encourage me to terminate or modify any previous or ongoing therapies under the direction of any licensed practitioner, or medical doctor and that the above listed with Deepika Avanti, encourages me to seek allopathic methods and recommendations. I am also encouraged to discuss any recommendations by Deepika or employees with my primary care physician.
4. I fully understand that any recommendations are designed to balance energy, stress and communication. These recommendations may include light frequencies sent by the Time Waver machine, homeopathy and crystals to enhance communication, energy flow, wellness, and reduce stress.
5. Sexual contact between client and therapist is no part of any recognized therapy. Sexual intimacy between client and therapist should be reported to the State Grievance Board of Colorado.
6. I the client, sign below that I have read the preceding information, understand my rights, and acknowledge my therapy confidentiality and that it is Deepika's duty to report if you are currently physically being abused or abusing someone or suicidal and need hospital help to be safe in her assessment.

If a minor or an incompetent accompanies me, I give full faith that I am legally and totally responsible for them. I release Deepika and all named above, from any and all claims and potential claims arising out of my actions or failure to act upon her advice. I take responsibility for my health and healing process using these therapy methods.

I give full faith that I have read this waiver, I have emailed questions to Deepika and those included, if I have more questions, I have used telephone or skype to ask questions and gotten a verbal explanation if I needed this. I am willing to declare and repeat under oath all of the above statements by request of Deepika and those included.

Client Signature _____ Date _____

Guardian signature for minor _____ Date _____

Your Legal Rights as a Psychotherapy Client

I, Deepika Avanti am a licensed professional counselor with the State of Colorado. This means information provided by and to a client during therapy sessions is legally confidential, and disclosed only with client consent. Exceptions to this are "threat of serious harm to self or others", as in the case of child abuse, suicide or grave disability.