

Form # 2: Treatment Information and Informed Consent

Welcome to our healing partnership! While working with you, I will apply selected therapeutic methods from Intuition Medicine®, Hypnotherapy, Energy Medicine and other alternative healing tools. Their descriptions can be found on my website, www.selfhealingcare.com under “Services.”

The therapeutic methods I use in my practice offer promising mental, spiritual, and physical benefits; however, many of them have yet to be fully researched by Western academic, medical, and psychological communities. Therefore, they are considered to be outside the conventional (mainstream, allopathic) medical practice. Since my practice is considered alternative and complementary conventional medicine, you are expected to continue the care provided by your primary doctor or medical specialists while working with me. This is also necessary because I don't provide urgent medical care and I don't provide admission to a hospital. My role is of a consultant, not a primary care doctor. Since I don't prescribe pharmaceutical medication I will not suggest any change in your medication, however I will gladly talk about it with your prescriber.

If you wish me to be part of your healthcare team I will gladly communicate with your conventional medicine doctors and any other healthcare providers. I welcome referrals from my medical colleagues, although a patient does not need a formal medical referral to work with me.

I will educate you on the use of nutrition, supplements and essential oils to the extent that you will be equipped to make your own selection in the future. I don't include pharmaceutical medications in my practice, but I will gladly discuss with your other doctors regarding any potential changes in your prescriptions so as to reflect any progress in your health from our work.

The therapeutic techniques I require my full mental/emotional/spiritual concentration rather than taking notes. Therefore, our sessions will be audio and/or video recorded. This will help me in keeping progress reports and preparing myself prior to the session. As appropriate, you will receive the CD with recorded hypnotherapy or guided imagery. The recorded materials are kept confidential under HIPPA regulation.

Expectations

Please note that it is impossible to guarantee any specific results regarding your goals using any of the therapeutic methods I offer in my practice. Each individual responds differently to various treatments and success also depends on the patient's commitment to self-care outside of our sessions. As with any treatment option I cannot promise your sessions will result in any cure; however, we will work together to achieve the best possible results for you. As part of our healing cooperation you will be expected to work on your self-care during our sessions and,

even more importantly, between our sessions, performing the “homework” assigned. Your progress will be influenced by your commitment to our work and your perseverance in learning and practicing the prescribed routines. Since I offer a wide spectrum of Therapeutic Methods, your progress reports and feedback are necessary in helping me adjust my strategies in order to provide you with a truly individualized program of therapy.

Benefits and Risks

The therapeutic techniques used in my office are safe, but on some occasions may cause some emotional distress and/or physical discomfort that can be perceived as negative. Therefore, as part of your progress reports and feedback, you agree to promptly inform me if you experience any emotional distress and/or physical discomfort arising during our work, particularly between our sessions. It is very important for me to promptly learn about them in order to guide my approach and, if necessary, I will refer you to an appropriate professional health care provider for more in depth and specialized assistance. You agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual dimensions of your life, but please feel free to discuss any concerns about the nature of your sessions with me. You are welcome to call me with any questions/ concerns and if am not immediately available, please leave a message limited to your name , a reminder that you are my patient contact information and best time to call you. Please do not elaborated on any health issues in you message. If you call represents medical emergency call 911 or if realistic go to the neared emergency room. Please remember that I don't offer emergency medical services.

Acknowledgment and Consent to Receive Services

By signing this document, I acknowledge I have been informed about the risks and benefits and agree that Dr. Wes Rocki has provided me sufficient information to enable me to decide to undergo or forgo his services and the use of any of the healing methods he offers and products he recommends. I understand that I am freely choosing to take advantage of Dr. Rocki’s services and have the option to use conventional services exclusively, provided by another practitioner of my choosing, if I see fit. My consent to the sessions with Dr. Rocki is given voluntarily, without coercion, and may be withdrawn at any time in the future. I confirm I am competent and understanding of the nature and consequences of our proposed sessions.

Signature

Date

Printed Name:

Phone: