

*The Colorado Natural Health Consumer Protection Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items 1-5 below. Please initial next to each item that you have read and understand.*

**Contact Information**

Deanna Gabriel Vierck, 3450 Penrose Place, Suite 210, Boulder, CO 80301 720-504-5082  
[plantmagichn@gmail.com](mailto:plantmagichn@gmail.com)

**Client Initials** \_\_\_\_\_

**About Deanna Gabriel Vierck**

Deanna is a Certified Clinical Herbalist, Clinical Nutritionist, Bach Flower Essence Practitioner and has completed 4 Levels of Healing Touch Program Training. Consultations are educational in nature and designed to meet the needs of each individual and can include a combination of energy healing, flower essences and recommendations for herbal remedies, nutritional adjustments and lifestyle changes.

**Client Initials** \_\_\_\_\_

**Education and Experience**

Deanna holds a BS in Biology and Public Relations. Through the North American Institute of Medical Herbalism, she has completed more than 2000 hours of classroom education in nutrition, herbalism, flower essences, basic medical sciences and other related topics and participates in ongoing continuing education. In addition, she has completed 4 Levels of Healing Touch Program training. This education does not include the diagnosis and treatment of disease according to the standards of medical science.

**Client Initials** \_\_\_\_\_

**Insurance**

Deanna Gabriel Vierck is covered by EMPA liability insurance. You are receiving sessions at your own risk.

**Client Initials** \_\_\_\_\_

**Herb Safety**

Some herbs may interact adversely with pharmaceutical medications. Although I am trained in some aspects of drug-herb interactions, the knowledge in this field is not well-developed. Should we discuss herbal formulas it is important that you disclose any medications you are taking and that you discuss possible drug-herb interactions with a licensed physician. Herbs can sometimes cause discomfort or side effects. I ask you to stop taking any suggested herbs immediately if such effects or discomforts occur, and to notify me via phone (720-504-5082) or email [plantmagichn@gmail.com](mailto:plantmagichn@gmail.com).

**Client Initials** \_\_\_\_\_

**Confidentiality**

Any information discussed with me during sessions will be held in strict confidence. Exceptions to this are when you, the client, give written consent to share your session information with another healthcare provider, when required by law to share session documents or the disclosure of information regarding impending suicide, homicide, child and/or elderly abuse and any illegal activities.

**Client Initials** \_\_\_\_\_

**Cancelations**

If you should need to cancel an appointment 24hour notice is required. Payment in full is expected for all appointments cancelled with less than 24 hour notice. Exceptions are made for emergency situations. For cancellations please call 720-504-5082.

**Client Initials** \_\_\_\_\_

**Consent for Treatment**

I consent to the treatment described above. I understand that energy work, intuitive guidance, and wellness consultations are not a replacement for licensed medical or mental health care. No guarantees have been made to me regarding cures or improvements.

**Client Initials** \_\_\_\_\_

*I have read this document carefully. I have felt free to ask any questions regarding this document and if I have asked questions, the answers have been satisfactorily explained*

*I have read the above statements and agree to their terms.*

Name (please print): \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_