

Nora Nur Nalinci, MBA, LSH, CVSP, CCP
and Novis Imprints Energy Healing and Life Coaching

INFORMED CONSENT FORM

I understand Nora Nur Nalinci¹ is a Licensed Spiritual Healer (LSH) qualified by the Federation of Spiritual Healer Licensing Boards (FSHLB). Her goal is to help me accept Divine healing on every level of my being according to my faith and beliefs. I also understand Nora Nur Nalinci is trained to help me diagnose, treat, cure, and prevent my own spiritual issues that may express themselves as stress or pain in my life but that she is not a qualified medical professional. *(Please initial)* _____

I understand that Nora Nur Nalinci is a Certified Vibrational Sound Practitioner (CVSP), through Natural Therapies Certification Board (NTCB), utilizing vibrational tools in the form of Tuning Forks, qualified to help me make more informed decisions about my own life and health care. I also understand vibrational sound therapy is intended to help me relax so I can manage my stress and pain and enhance the quality of my life. I further understand Nora Nur Nalinci can empower me through training and coaching on the basics and importance of the human energy system, and the tools and techniques I can utilize to bring my body back to its fundamental pulse and activate its ability to heal itself. *(Please initial)* _____

I understand that I am responsible for my own health, healing, and wellbeing. I also understand I have the ability to heal myself. Therefore, I agree to use the services of Nora Nur Nalinci to help me learn how to improve my own health, healing, and wellbeing. I further understand Vibrational Sound is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider. *(Please initial)* _____

I hereby request and consent to the technique of energy, spiritual or distance healing modalities within the scope of Nora Nur Nalinci's healing techniques. *(Please initial)* _____

I understand Nora Nur Nalinci will keep all information she learns about me completely confidential unless I release her in writing or as required by law. *(Please initial)* _____

I understand that if I have (or think I may have) a medical or psychological concern, Nora Nur Nalinci will help me manage my stress related to that problem and refer me (referral is excluded in distance healing) to a licensed physician, or a licensed counselor, psychologist, or psychiatrist for further assistance upon my request. *(Please initial)* _____

I give Nora Nur Nalinci the permission to describe the details of my sessions to her students, colleagues and mentors for training or supervision purposes only, if my personal identity is strictly protected. *(Please initial)* _____

I understand that Nora Nur Nalinci has a 24-hour cancellation policy and agree to pay for any booked sessions that have not been canceled 24 hours in advance. *(Please initial)* _____

I acknowledge that I have read and understand this form. I agree to allow Nora Nur Nalinci to help me learn to heal myself using the natural healing techniques and modalities herein listed. I agree that typing in my name below is the electronic equivalent of my actual signature. *(Please initial)* _____

Name of Client _____ Birth Date ___ / ___ / _____

Address _____ State _____ Postal Code _____ Country _____

Phone number _____ Signature _____ Date _____

Name if other than client _____ Relationship _____

¹ Nora Nur Nalinci, whose legal name is Ayse Nur Nalinci, practices spiritual healing and vibrational sound therapy under the brand name of Novis Imprints (dba).