

13th Octave LaHoChi



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Energy healing treatments facilitate and serve complex interconnections between the physical, emotional and spiritual bodies. Creating harmonious energy fields provides the recipient with alignment, personal empowerment and renewed/increased energy. When our physical, emotional and/or spiritual bodies are out of alignment due to emotional trauma, physical injury, unresolved conflicts, environmental or food toxins, addictions, or poor relationships, we can become physically ill, depressed, stuck and have difficulty creating a holistically harmonious life.

13th Octave LaHoChi:

LaHoChi is a powerful light-touch healing technique that brings in a very high frequency of energy. The "La" in LaHoChi refers to Light, Love and Wisdom. The "Ho" means the movement of this energy, and the "Chi" is universal life force. As such, LaHoChi energy can be summarized as "healing light of the highest frequencies, filled with life force, moving with the combined intentions of spiritual and human beings to wherever it needs to go".

13th Octave LaHoChi involves the practitioner placing their hands gently on specific chakras points of the client's body in order to direct healing energy into their physical, emotional, mental and spiritual bodies. Each hand position is designed to heal a specific portion of the body, open chakras and clear negative energy. Clients can expect the session to last for approximately one hour. After discussing desires and goals of treatment, the client will lay face-up and fully clothed on a massage table and relax while the clinician performs 13th Octave LaHoChi. Once the session is complete, the practitioner will instruct the client on aftercare practices. If there are any questions or concerns before, during, or after the session, the client is encouraged to discuss them with the practitioner to make the healing as beneficial as possible.

Benefits of 13th Octave LaHoChi:

Imbalances in the energy field manifest on the physical, mental, emotional and spiritual realms of being. Not only will this energy work impact the physical body (heal a sore throat or the beginning aches of a virus), but it will also calm mental chatter, smooth out chaotic emotions and activate our spiritual connections to ourselves and those around us.

During a healing session you may experience:

- Full-body relaxation
- Reduced stress and increased energy
- Quieting of a busy mind
- Decreased anger, sadness, and scattered emotions
- The easing of all varieties of pain

Session Aftercare:

It is best to allow yourself to relax after an energy session. Oftentimes clients will not feel the effects directly following a session but may feel them in the following days. Drink plenty of water to eliminate toxins from your body. Clients may feel a variety of different effects following a session, and the effects can vary from person to person as well as session to session. Please allow yourself at least 24 hours between energy sessions to allow for energy integration.

Important Considerations:

LaHoChi is a healing tool that provides many benefits to the client, but each client should be aware that treatment can come with some associated risks. LaHoChi is not empirically researched and all possible risks are not known. Most commonly, if negative reactions occur, it will occur after a session is finished and possibly in the days following. These reactions include, but are not limited to: headache, fatigue, muscle soreness, changes in appetite and changes in mood. While your LaHoChi practitioner will do everything in their power to advise you of associated risks, they will not be able to cover everything. Please talk to your practitioner about any concerns you have during your intake.

** If you experience any discomfort that you believe is a result of any aspect of the energy healing, please communicate this experience to your energy practitioner. **

Policy Statement

- The full cost of each session will be billed directly to the client.
- Payment is due at the end of each session, unless a package of multiple sessions has been purchased. A receipt will be sent to the email address provided by the client.
- Clients will be charged \$35 for returned checks. Upon the occurrence of a returned check the client will be required to pay by cash or credit card for future sessions.
- Sessions begin at the designated appointment time. Clients arriving late after their designated appointment time will still be charged the full fee.
- Cancellations must be made 48 hours prior to appointment. Any cancellations made less than 48 hours in advance will be charged the full fee. Missing an appointment without prior notice is considered a No Call / No Show. All No Call / No Show's will be billed directly to the client for the full amount of the scheduled session.
- Time spent on the phone or in correspondence over 15 minutes and consultations with third parties for a client will be billed directly to the client according to the clinician's current fee schedule.
- If a client is not seen for three consecutive weeks, unless other arrangements have been made in advance, your case is considered closed and can be reopened if agreed upon in the future.
- Clients may not bring weapons onto the office premises. Denver Counseling Solutions is a professional environment. Clients shall conduct themselves in an orderly, safe, and respectful manner while in the office.

By signing below, I signify that I have read and fully understand this Policy Statement, and that I agree to pay any charges that may be applied to my account as a result of these policies.

Client Signature (or Parent/Guardian) Date

Credit Card Authorization Form

I, _____, hereby authorize Sara Evans, an independent contractor with Denver Counseling Solutions, to charge my credit card account according to the following fee schedule:

o LaHoChi rate: \$115/session

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Credit Card Billing Address:

Name as it appears on card: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Telephone: (_____) _____ - _____

Email (for emailed receipt): _____

By signing below, I authorize the charges specified above.

_____/_____/_____
Cardholder's Signature Date

_____/_____/_____
Client's Signature (if different than cardholder) Date

If cardholder is different from client, then client will need to complete a release of information as well.

Your completion of this authorization form helps us to protect you from credit card fraud. Denver Counseling Solutions LLC will attempt to keep all information entered on this form strictly confidential and in a secure location.

13th Octave LaHoChi Liability Waiver and Release

I, _____, (Print Client Name) am participating in 13th Octave LaHoChi as part of my desire to include energy work in my treatment process. I take personal responsibility for my well-being and I accept control of my choices. I hereby release, waive, and discharge any claims against Denver Counseling Solutions, Sara Evans, and/or any of their associates or affiliates.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Printed Name: _____

Client Signature: _____

Date: _____

Parent/Guardian Signature (minor only): _____

Date: _____

Emergency Contact: _____

Relationship to Client: _____

Emergency Contact Phone Number: _____

13th Octave LaHoChi Informed Consent

_____(Initial) I hereby request and consent to the performance of 13th Octave LaHoChi and treatments within the scope of the practice of Sara Evans, an independent contractor of Denver Counseling Solutions, on myself (or on the client named below if a minor). Sara Evans is responsible and liable for all provided treatments.

_____(Initial) I acknowledge that while Sara Evans is an MFTC/LPCC, LaHoChi is not a therapy practice, nor is it a substitute for psychotherapy.

_____(Initial) Generally speaking, the information provided by and to a client during sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist. If the information is legally confidential, in most cases, the therapist cannot be forced to disclose the information without the client's consent.

_____(Initial) I acknowledge that while LaHoChi is not a therapy practice, Sara Evans is a mandated reporter and in specific circumstances (outlined below), she may be required to make a report if any of the circumstances are discussed in a LaHoChi session. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). I am required to disclose information under the following circumstances:

- Situations of suspected or confirmed child abuse or neglect;
- Abuse or exploitation of an at-risk adult or elder, including imminent risk of such abuse;
- Threats of harm to others, including people identifiable by their association with a specific location or entity;
- Threats against a school or the occupants of a school;
- Threats of harm to yourself.

Please be advised that there is no time limit on the mandatory reporting of child abuse. This means that even adult clients who experienced childhood abuse (no matter how long ago) might disclose in session past abuse incidents that still fall under the mandatory reporting requirements. The law requires that if there is reasonable cause to know or suspect that the perpetrator has subjected any other child currently under eighteen years of age to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect and/or is in any "position of trust" with children today then past abuse disclosed by an adult client is required to be reported. If you have questions or concerns about these requirements, please discuss further with your therapist.

In such situations, I may be required to take protective actions which may include notifying the potential victim, contacting the police or seeking hospitalization for the client. If such a situation arises during our work together, I will make every attempt to discuss it fully with you before taking necessary action. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107. There are exceptions that I will identify to you as the situations arise.

_____(Initial) I understand that methods of 13th Octave LaHoChi treatment may include, but are not limited to: balancing and harmonization, chakra harmonization, energy healing, past life, in-between and future life journey healing, meditation, visualizations and counseling. I will immediately notify my energy practitioner of any unanticipated or unpleasant effects associated with any of the energy work performed.

____(Initial) I have been informed that energy medicine is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the energy practitioner to be able to anticipate and explain all possible risks and complications of energy treatment, and I wish to rely on the energy practitioner to exercise judgment during the course of treatment which the energy practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed, and this energy work does not currently have any empirical evidence to verify benefits.

____(Initial) I understand that energy work is a continuous process and that it may require multiple sessions to see results.

____(Initial) Treatment records are confidential. If you request treatment information, it must be done in writing and we may provide you with a treatment summary in compliance with Colorado law.

____(Initial) I understand that energy work is not a replacement for medical treatment and that Sara Evans is not a medical professional. I agree that I will speak to a medical professional regarding any/all medical concerns.

____(Initial) I understand that 13th Octave LaHoChi involves the certified practitioner using their hands to direct the flow of energy. The energy practitioner has discussed all hand positions used with me prior to treatment and we have discussed any/all that I am not comfortable with so modifications can be made. I understand that if at any time I feel uncomfortable about the specific hand position used by the energy practitioner, I will let them know.

____(Initial) I understand that all clinical information and records of energy healing treatments etc. will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I agree that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of intuitive energy healing, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my energy treatments for my present condition and for any future conditions(s) for which I seek any energy healing modalities with Sara Evans of Denver Counseling Solutions.

Client Printed Name: _____

Client Signature: _____

Date: _____

Parent/Guardian Signature (minor only): _____

Date: _____